THE LANCET.

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LECTURE

DELIVERED AT THE

NORTH LONDON HOSPITAL.

BY

ROBERT LISTON, Esq.,

Surgeon to the Hospital, and Professor of Clinical Surgery in the University of London.

1. REMOVAL OF A TUMOUR OF THE UTERUS.
2. REMOVAL OF CALCULI FROM THE BLADDER.

GENTLEMEN,—I intended at this time, as I stated lately, to make some remarks on tumours of the uterus; on the varieties of polypus, and the most suitable operation in the different cases. The tumour which I showed you a few weeks ago was one of those fibrous growths which had evidently been formed in the substance of the uterus, and had been expelled, as the history, which you will find fully detailed in the journals of the hospital, will convince you, through the mouth of that organ into the vagina, which it fully distended. The outer surface of this growth seemed to be covered, excepting at its most dependent part, where ulcerative absorption had taken place, by the muscular substance of the uterus; and in a great majority of these cases this has been shown by my friend Dr. LEE, the physician-accoucheur of the Marylebone Infirmary, to be the arrangement. Its attachments were so broad as to deter me from having recourse to excision. A ligature was carried round its base, encroaching rather upon the morbid mass than upon the organ in which it had been developed. The ligature was applied by the fore-finger, and tightened through one of the tubes of the double canula, the other one having bent, in the attempt to use it in conveying the wire. I believe you will find the finger after all the best instrument for this purpose, and the stalk and double ring most convenient for tightening the noose. The thread ligature I should now prefer to the silver wire or catgut. Many of the tumours presenting in the vagina may with the utmost safety be taken off with the bistoury or scissars, and without any risk from hemorrhage. *I beg of you distinctly to understand that I have never countenanced, far less performed, any operations for the removal of diseased ovaria or scirrhous uterus by incision of the abdominal parietes, or in any other way.* The only operation at all justifiable, and that is but seldom called for, is the removal of the os uteri, when the disease is limited, and appears to be otherwise incurable. This operation I have in a very few cases practised and successfully; but it is a proceeding which has, I suspect, been resorted to in a vast number of cases most unnecessarily. I feel it due to myself to make the above statement, in order to correct misrepresentations, I shall not say wilful, but certainly very injurious to any professional man.

I promised also to say something of the position of wounded parts in reference to a case of transverse wound of the neck, and two cases of wound on the back of the leg; but this subject must give place to what you may probably be disposed to think a more interesting one,—the consideration of the operations for the cure of calculus vesicæ.

Now, gentlemen, you have, I believe, but very lately had a full account given you of the causes, symptoms, and treatment of calculous diseases, by your very learned professor of surgery. Any lengthened detail will therefore be superfluous and unnecessary in this place and on the present occasion. The history of the operations of lithotomy and lithotrity alone would more than occupy our time. I shall at once read to you the account of the patient's sufferings under the disease, and of the treatment which had been adopted for his cure before and since his admission into this hospital, and make a few comments upon the subject.

"Henry Shaw, æt. 27, admitted April 30, states that he has laboured under symptoms of stone for the last five or six years

that about nine months ago the symptoms became much aggravated, and he applied for admission to a London hospital where lithotrity was tried, but without success, the operation being attended with very great suffering, and not productive of the slightest relief. He has suffered continually since that time, and lately the symptoms have become so unbearable as to induce him again to submit to any operation for their removal.

On admission he was suffering very severely, on account of his having walked several miles from the country. He appeared many years older than he stated himself to be, and his countenance bore an appearance of anxiety and suffering. He complained much of a constant pain referred to the lower part of the abdomen; this was much increased during and after evacuation of the urine, when it was also attended by a burning pain darting along the penis. He was unable to retain his urine for above a few minutes at a time. Occasionally the stream was pretty free, but it frequently stopped suddenly during its expulsion, returning, however, on change of position. The urine was high-coloured, mucous, and, after unusual exertion, mixed with blood. Its spec. gravity was 1015, and it became very slightly opaque on the application of heat.

May 1st. This morning a sound was introduced, and was found to pass over a stone of considerable size, but as the bladder was rather irritable, Mr. Liston was unwilling to make any very minute examination so as to ascertain its size more accurately. Perineum to be shaved. To have a dose of castor oil.

2. The operation was performed to-day. The curved staff having been first introduced, and the stone struck, so as to satisfy the other officers of the institution of its presence, the patient was secured in the usual manner. The bladder was reached, and the prostate divided to the necessary extent by the second incision; the forceps was then introduced and the stone (which was about two and a half inches in its longest diameter, and bearing marks of the attack formerly made upon it) was removed with ease, having been first turned by the fore-finger of the left hand in the direction most favourable for its extraction.* A gum-elastic tube was then introduced through the wound into the bladder, and retained there by strips of oiled silk fastened to a bandage applied round the loins. The patient was then removed to bed. A few ounces of blood only were lost after the operation. The tube was kept clear of coagula by means of a feather for a few hours until the urine began to come away clear. The patient gave vent to no expression of pain except during the introduction of the staff, and states that he did not suffer by a great deal so much from the present as from the former operation. Had some slight rigors after the operation, which went off after the application of heat to the feet. Diluents were given freely after the operation, and the discharge of urine was very copious.

3. Slept pretty well; no complaint of pain; pulse natural; discharge of urine copious.

4. The tube was removed this morning. Continues perfectly easy. St. haust. Ol. Ricini.

18. The urine has passed by the urethra for some time back, and the patient is now walking about the ward. He returns home in a few days."

The symptoms are here remarkably well detailed, and the case altogether is clearly stated. The history is such as is usually given by patients labouring under stone, with the exception of the pain being referred to the hypogastric region, instead of the orifice of the urethra. You must have been told, in the lectures by my excellent colleague, that by attention to the state of the digestive organs, and by correcting the morbid secretion of the urine by medicines suited to the prevailing diathesis, calculous deposits may be prevented, or carried off. The symptoms attendant upon the deposit of crystallized sediment you cannot have forgotten, nor the class of medicine proper for each. When concretions of a small size come down into the bladder, and before they have gained much accession, then they may still pass off naturally, or they may readily be seized by such forceps as I here show you, and extracted. There are many specimens on the table of concretions passed, or so extracted, some of no inconsiderable size. You may be aware that the posterior part of the canal is wider than the anterior, and is readily dilatable to a great extent. I have, in my work on surgery, detailed a case in which, by very gradual insinuation of the fore-finger, it was got to pass into the male bladder without the use of any cutting instrument, and without much pain to the patient. A stone of a pretty large size, such as the one I now exhibit (it had been previously, as you perceive, reduced in size by the drilling instrument of CIVIALE), may be laid hold of, and brought into the sinus of the urethra, and if it be found impossible, as it was in this instance,

* The operation occupied, from the first incision to the removal of the stone, 45 seconds. *Tutus et celeriter.*—REP. L.

to bring it farther, it may then be cut upon and taken out with less suffering and risk to the patient than by any other operation.

When such symptoms as presented in Shaw's case have lasted for years, no such proceedings can avail; the foreign body must then be either broken down, and the fragments got quit of, or it must be extracted in the manner you have witnessed. Before determining upon the operative procedure, it behoves you to ascertain correctly the *existence* of calculus, and the number and size. You must ascertain, besides, the state of the containing viscus, and of the whole apparatus—the kidneys and urethra, as also the form of the pelvis, &c. Many mistakes have been committed from a neglect of the necessary precaution to examine the patient in all respects with care and attention before deciding upon or proceeding to an operation. You would scarcely suppose it possible for a man educated to our profession to be deceived altogether as to the existence of a stone in the bladder. This has, notwithstanding, happened very many times, and has led to very painful results. All the symptoms which are detailed in Shaw's case are found to exist in a degree, and to arise, from other causes than the presence of stone in the bladder—such as the disappearance of eruptions, irritation of the intestinal canal, disorder of the kidneys. These symptoms may lead to an examination of the bladder, but recollect that the sources of error are numerous—the sound may be felt to grate on something, on sand entangled in mucus, on the fasciculi of the bladder, on a projection of the prostate. The feeling so communicated will at once be referred to the proper source, by one whose hand is experienced in the work, and whose touch is perfect through education. I could bring forward many instances in which operations have been performed, and no stone has been forthcoming; and I have sounded many in whose bladder stone had been supposed to exist, and in whom a little anthelmintic medicine put all to rights. By a careful and gentle use of the sound, the existence, and the size, and the number of calculi, can be pretty accurately ascertained, and the contact of the sound and stone can be heard as well as felt. The best sound is that of steel, with a short curve; it may sometimes be requisite, in order to facilitate the examination, to inject a little fluid into the bladder, or to change the patient's position. It is highly advisable in all cases that the condition of the kidneys should, by an examination into symptoms, and the state of their secretion, be ascertained as correctly as possible, whatever means are to be adopted for the patient's relief.

From time to time proposals have been made to attack the stone in the bladder, so as to reduce or destroy it either by chemical solvents taken into the stomach, applied directly by injection into the affected viscus, or by the application of mechanical means. The former or lithontriptic plan has now got out of fashion, though at one time many fools were found to believe and trust in it, and much public money was lavished on the inventors of the medicines. Egg-shells, soap, and other sorts of physic, taken by the mouth, were found to travel with rather a degree of slowness and uncertainty, and if they did reach their destination, they did but small damage to the enemy. The bladder was found not very capable of bearing the introduction of acids or alkalies, which, however, acted very prettily upon the stone in a piece of chemical apparatus.

Mechanical contrivances were at various periods suggested and even applied, but it is only of late years that these have been brought to any perfection. It has been discovered, since the attention of the profession has been drawn to the subject, that at a remote period, a monk of Citeaux broke off small fragments of a stone in his own bladder with a wire pushed through a catheter; and you may have heard of a Colonel Martine, who in the end of last century, with a sort of bulbous wire, the end of which was cut like a file, was supposed to have cured himself of a stone in the bladder. He deceived many, and perhaps also himself, for he died of stone.

The very beautiful apparatus of Civiale, which you see here, was hailed as a means of doing away entirely with any other proceeding. Some ingenious alterations were made upon it by Mr. Heurteloup and others, and it was at one time confidently asserted that almost every patient suffering from stone could thus obtain a perfect and permanent cure. Some new apparatus (I shall not pretend to say who has the merit of the invention, for it would not be very safe to interfere with the contending parties), and certainly of a more efficient kind, was introduced, and forthwith the other was, and by those too who had previously given a different opinion, denounced as totally worthless and inefficient. It is too true that such is the case. You might bore holes through most stones, as you see has been done in this specimen, without in any way advancing the patient's recovery; on the contrary, with the effect of superadding to his other maladies a thoroughly diseased bladder. This stone was removed by lithotomy in the tenth part of the time that any of the

sittings had occupied, with certainly a fourth of the pain and with much less danger. A stone very small and very soft might be managed by this drilling apparatus, but such stones bear no proportion to those which are perfectly impracticable. It is a matter of astonishment to me that some one of the ingenious persons who have busied themselves in this affair, should not have proposed introducing a charge of gunpowder into one of the perforations, and thus shattering the concretion, as rocks are blasted in the bottom of the ocean. Dr. Civiale's invention arose out of an attempt to introduce a bag into the bladder, which should embrace the stone, which was then to be attached by some very concentrated solvent; the one plan is as feasible as the other.

The new machines have been variously modified and improved in their different parts; they have been better fitted for seizing readily and safely the foreign body, which, after all, is by no means so difficult a matter as might be imagined, and various forces have been employed to disintegrate the stone and crush its fragments; the percussion system, the screw, the rack and pinion, and the spring, have all their advocates. You have before you all varieties of tools; and you will perceive that a great deal of ingenuity has been shown in this matter.

Many people, to my knowledge, are still racking their brains to invent some apparatus superior to any yet used. This is all very praiseworthy, but expectations have been raised too high by far on this subject, by unwarrantable assertions. I have practised all the operations in a wide and extended field, and have seen others perform them; and if I might be permitted to offer an opinion to you on the subject, I should say, that unless the laws of the animal economy are subverted, a *permanent cure* cannot be expected to follow lithotrity, unless in very favourable cases; and amongst the patients who *now* present themselves for relief from the pains of stone, certainly not more than *one* in *six ought* to be submitted to that proceeding, and would not be, by a conscientious surgeon, by one who could equally well cut out the stone as powder it down. I place here before you an ample collection of calculi which I have removed from the male bladder, and I challenge any lithotritist, or advocate of the system, to pick out from amongst them any thing like that proportionate number which could or ought to have been submitted to their manipulations, keeping altogether out of view the state of the urethra, prostate, and bladder, which often forbid or render them impracticable. It is said that if lithotrity were generally taught in the schools and practised, that patients would apply earlier, and that thus recourse to lithotomy would never be necessary. I am assuredly of opinion that surgeons should make themselves masters of this as of other operative procedures, and that this operation will never be safely performed, nor its merits fully appreciated, till it comes into the hands of well-educated surgeons. In fact, patients can only depend upon a safe and appropriate practice being adopted when they make application for relief to those who can either cut or break down, as the circumstances of the case may direct and warrant. It is too much to expect that lithotomy can ever be entirely superseded; many people are, as it were, born with stone, and in many instances it exists long, and attains a great size, before a suspicion is entertained of its presence. Certainly if patients were aware of their having stone before it got larger than a hazel-nut, a good many might be relieved by lithotrity, *and not a few* cured. Even in the most favourable cases, when the stone is of the size I have mentioned, and when the organs are comparatively sound, and free from irritability, a *cure* cannot always be depended upon with certainty by this means. The bladder becomes irregular on its inner surface, and it is no easy matter to make sure that all the fragments are voided. If any be left, you know the consequence to be a speedy reproduction of the disease. When the stone, again, is so large that a repetition of the operation is called for, when one sitting takes place after another to the number of 6, 12, 20, or 50, then I am bound to assure you that a cure need scarcely be looked for. The patient who is so unfortunate as to believe in the statements of the professed stone-grinder, will suffer more pain at *each one* secondary operation, than he would from having at once the stone taken out cleverly and entirely. His life will be more seriously endangered by the inflammatory attacks induced by the frequent pokings in this tender viscus, fostered as it must be by the presence of angular fragments; and if he should by some chance get out of his friend's hands alive, he will probably drag out a short but miserable existence, with a dreadfully irritable bladder, and that teased probably by half-a-dozen angular stones instead of one. There is, besides, every reason to believe that disease of the kidneys is developed and hurried on by this constant iritation of the other parts of the apparatus with which they sympathize so closely.

There are on the table many specimens of detritus; one of a very remarkable stone,

of which the patient was freed completely by the crushing operation. It was very soft, and had as its nucleus many seeds of barley, which, with the beards, had been introduced by the urethra by the patient himself, a silly foolish old man.

There are, moreover, several stones formed upon fragments which had been broken down and left; specimens of that kind will, if I mistake not, multiply exceedingly ere long. I expect to cut out not a few; but I fear that many of them must be obtained by post-mortem examination. I am warranted in stating that the stone-breaking has, upon the whole, been attended with far more numerous fatal terminations than ever lithotomy has been, even when performed in the worst possible manner, and by the most bungling pretenders. And such must be the case until the profession take it up and the proper cases are chosen; until its *indiscriminate* employment is discountenanced; and if this be not done speedily, the operation, useful in many cases, will get into disrepute. The very simple and beautiful instruments manufactured by Messrs. Weiss will answer every purpose, and it will afford me great pleasure to explain to any of you their application, and to give you more fully my views, and the result of my experience as to the proper cases for the one or the other operation.

The operation of lithotomy, which has been so much abused and decried of late, is, when properly understood and gone about, one of the least painful (one of my patients from near John o'Groat's House, the northermost point of the island, compared the sensation to that of shaving with a blunt razor) or dangerous proceedings in surgery, and it is at the same time one of the most satisfactory and successful. This opinion I am confident I shall make you converts to, nay, more, I shall convince you ere long that I am right, if, as I doubt not, opportunities are afforded here. To be safe, the operation must be attempted only by one who has studied, and that to some purpose, the structure and relative position of the parts, who can cut with certainty into the neck of the bladder, without wounding parts of importance. But that is not all; he must have also well considered and practised the placing and seizing and extracting of the foreign body, and in this consists the principal difficulty.

The operation has in many cases been tedious, has not been completed in a reasonable time; parts have been wounded which had better for the patient been left untouched. But this is no fault of the proceeding. It has arisen from want of knowledge and experience, from the use of complicated apparatus. A fatal result is generally attributable to the incisions having been too much extended; to great violence having been employed in misdirected efforts to extract the foreign body; to infiltration of urine; and to the delay which has taken place in finishing the operation.

You would perceive that the instruments I used were few and of simple construction, — a *curved* staff, *sharp-pointed* knife, and forceps. The staff was of full size, deeply grooved, and the furrow a little towards the one side. It was held *in the same position* from first to last, close to the symphysis. The incisions were made so as to reach that part of the instrument which lay in the membranous portion of the urethra; in truth, the knife was not directed to the staff until the fore-finger of the left hand, by which the bulb and rectum were guarded, rested on the apex of the prostate, and, I should say, that the prostatic portion of the canal alone was cut. It is immaterial, when this method is followed, whether the bladder contains fluid or not. The division of the gland was *limited*, so that the partition betwixt the cellular tissue of the perineum and pelvis was not broken down or encroached upon. Believe me, that those who advocate the *free incision* of the bladder, if any do so now-a-days, have had little practical experience in this department. The finger followed the knife into the bladder, and the size of the stone being ascertained, and its position (for it lay a little across) altered, it was seized with the forceps and extracted in the direction of the axis of the pelvis. You might see that the stone was further adjusted in the forceps during the extraction, so that it might be delivered in the most favourable manner, and with the least difficulty. The incision was not long, but I think you will allow that it was well placed, and if so it need not be very extensive; and you might perceive that I carefully avoided directing the edge of the instrument upwards in dividing the muscular fibres, so that the artery of the bulb might not be endangered. No blood was lost, that is to say, scarcely enough to soil the fingers, and this will be generally the case, if you follow the plan recommended in the work to which I have already referred you. The forceps are, as you see, of various forms and lengths, so as to suit stones of all sizes and shapes; and instead of having them presented to you as required, you will find it answer better to have them within reach, so that after making yourself sure of the volume and form of the body you have to deal with, you may take up the one that is likely to answer

best, or to substitute for this instrument the scoop, which, if the stone be small or soft, and has broken up, is the most convenient instrument. If the forceps, instead of being provided with teeth, have a small piece of linen sewed within their points, you will seldom chip the stone, or ever lose your hold of it. I should have said that I prefer cutting upon a staff the form of which admits of its being conveniently held all throughout by the surgeon who assists the operator. The fore-finger of the left hand is thus left free, and by its direction the incisions can be made with precision and certainty, — neither more nor less being cut than what is intended. This, I should think, cannot be exactly the case when a *straight* staff is employed, and held, as it must be, by the surgeon himself, during the most delicate part of the procedure. There can be no difficulty in reaching the bladder thus, but it must in a measure be by a thrust, such as FRERE JACQUES used to make, and with a tolerably good chance of slitting up some inches of the urethra with its vascular covering.

If, upon introducing the finger and feeling the stone, which is almost always possible, it appears that the limited incision of which I have spoken (say of six or seven lines, and which opening by gentle dilatation may be much enlarged) is insufficient for its passage, then without any further external cut, the right side of the prostate may be divided to a similar extent, and in the same direction, downwards and outwards, or towards the tuberosity of the ischium. It is quite time enough to perform the bilateral section when the necessity for it is ascertained positively; and it can be effected fully as well by a plain narrow knife, as by the complicated *bistouri caché* of DUPUYTREN. You may see that, by this proceeding, very large foreign bodies may be withdrawn from the bladder, with but slight force, and with no laceration or bruising.

The result of lithotomy *well performed* is most encouraging; the irritating cause is instantly removed, the bladder is empty and at rest, for some time; it has an opportunity of recovering its healthy condition, and the chance of return of the disease need never enter into the calculation. It is strange enough that the diathesis almost uniformly is put a stop to (if it should continue it must be corrected), and the instances in which a second operation becomes necessary are rare indeed. In the other operation, if the stone be not thoroughly at once crushed and the fragments voided, great excitement follows, and the bladder almost uniformly suffers from an inflammatory attack; the patient suffers great agony, and passes loads of vitiated and bloody mucus. The after-operations are generally borne with difficulty, the excitement is then violent and less easily subdued, and the cure, if it can so be called, is protracted and uncertain. The results are concealed, all the successful cases are triumphantly blazoned abroad, the failures carefully hushed up. The results of lithotomy can bear examination; as performed in some public institutions, there can be no concealment or mystification. In the Norwich Hospital lately, thirty-nine patients were cut in succession by the three surgeons before a fatal termination occurred. I have published a list of cases treated in public, and one only in twenty-three suffered from the operation, and the same success has followed my operations, public and private, upon some sixty or seventy others. Had I picked my cases, as many are in the habit of doing, and thus looked more to my own than my patients' interests, had I refused my assistance and the chance of relief from this cruel malady, to any but such as seemed certain to recover, my average of success might have been much higher. Not one in fifty would then I think have been lost.

Now you, no doubt, must have been made aware of the fact, that the greater number of patients perish from the effects of effusion of urine into the cellular tissue. You guard against this taking place to a dangerous extent, by the form and extent of the opening. Still farther, it is your business to provide for the free escape of the secretion by placing a tube in the wound, retaining it till the cellular tissue is closed by lymph—from twenty-four to sixty hours, according to the age and condition of the patient. This plan I have followed in every case, and to that, and to not keeping the patient long under intense suffering, I attribute in a great measure my success in the treatment of this disease.

I would earnestly caution you against attempting to cut quickly for display, the most mischievous consequences might follow. You should determine to proceed deliberately, to do your work conscientiously and well, and *without hurry*; the operation may be got through quickly enough, *tuto* and *celeriter*, without risk to the patient, without loss of any blood to speak of, and with much less pain than is imagined or represented by interested individuals – not more pain certainly than is often experienced in the amputation of a finger. Examine Shaw on this point, and you will be satisfied. He would endure twenty times over the operation you

saw practised rather than submit again to the grinding process. I recollect performing lithotrity and lithotomy in public on the same day in the Edinburgh hospital. The one patient complained more of the withdrawal of the instrument from the orifice of the urethra, and I really believe suffered more pain, than the patient who was cut. Those who witnessed the proceedings, I believe without exception, decided in favour of the latter operation in the majority of cases; as will most of those who have proper opportunities, and are capable, of forming a judgment in the matter.

I remarked to you the other day in the wards that inflammation is not much to be dreaded after lithotomy well performed; and I think I stated, that of all the cases I have had the management of, blood has been abstracted only once from the arm, and in two or three instances by leeches on the hypogastrium.

Our patient has gone on favourably; he is quite comfortable, and has been so all along; the urine begins to flow with some heat, as might be looked for, along the proper passage, and he has required no medicine but a little castor oil.

I shall next session make a point of discussing fully the diseases of the urinary organs; stone, stricture, and its consequences; diseased bladder, prostate, kidneys, &c. &c.; and I have no fear but that cases in abundance will present for treatment.

OBSTINATE AMENORRHŒA

CURED BY

SINAPISMS TO THE MAMMÆ.

To the Editor of THE LANCET.

SIR,—About the end of last March I was applied to by a young woman, æt. 21, who stated that she had been labouring under suppression of the menses for upwards of eighteen months past, and that her general health had latterly become, in consequence, much deranged. The case need not be described in detail; it will suffice to observe that the general symptoms presented were those of confirmed chlorosis. She said that she had undergone a variety of treatment, all of which had been ineffective. She still desired, however, to be subjected to a renewed trial of remedial means. I accordingly kept dosing her in good earnest for seven weeks with aloetic purgatives, mineral tonics, vegetable bitters, cantharides, secale cornutum,—indeed, until I had exhausted the whole tribe of emmenagogues, without being able to effect even the slightest appearance of the subsidence of the disease, although my patient's life was one of activity, and therefore the more favourable to her recovery. Recollecting at last that I had read in some number (the eleventh I believe) of the *Dublin Medical Journal*, a paper by one Dr. Patterson, relating two cases of amenorrhœa which had been relieved by the application of sinapisms to the mammæ (several similar cases also having been very lately related in THE LANCET), I recommended a sinapism, consisting of equal parts of powdered mustard and linseed-meal, and warm water q. s., to be applied over the whole of the right mamma at bed-time, and there suffered to remain as long as it could be borne. The sinapism was continued on for about an hour and a half, and on the evening of the ensuing day I found the breast very painful and much swollen, presenting general inflammatory redness of the skin, which symptoms were so much increased on the third day as to cause considerable symptomatic fever, and compel my patient to remain in bed. It was my intention, should this painful application to the one breast not succeed, to treat the other similarly, but, fortunately, I had no occasion to do so, for, on the fifth day after the application of the sinapism, the catamenia appeared in considerable quantity, and continued to discharge for nearly four days. The young woman has since menstruated regularly, and is now restored to perfect health. I am, Sir, your obedient servant,

JOHN JONES.

Llanfair, Montgomeryshire,
May 12, 1835.

CASE TREATED AT THE ROSS DISPENSARY.

By JOHN FOSBROKE, M.D., *Physician to the Ross Dispensary, Herefordshire.*

Cellular Hypertrophy of the Throat and Neck, with Chronic Affection of the Pharynx and Larynx.

ANN HAYNES, ætat. 28, a married woman, and the mother of two children, came to me in a state of great despondency and excitement, on the 22nd of March 1834, and was most urgent to know whether her case would admit of relief.

She complained of pain and heat in the larynx, pain in the chest, and weakness of respiration, of expectoration of matter in great quantities, of a disagreeable

smell, sometimes green and sometimes white in colour. She was not only affected with laryngeal irritation, but with shooting pains in both breasts, most severe in the right breast, extending to the armpits. She had also dyspeptic symptoms, with a bitter taste of the palate. Her countenance was puffy and pale, and her lips were sky blue, as in cases of obstructed respiration; but what was most singular, the whole of the integuments of the throat and neck, in the course of the platysma myoides muscle, were hardened, between the lower jaw and sternum, with a sense of tightness and stiffness, and a feeling of compression of the larynx and trachea. The uvula and soft palate were extremely red and relaxed; the tongue and fauces were covered with a viscid slimy secretion, and the arches of the palate with small ulcers.

She stated that she had previously consulted Mr. Aveline, a gentleman of long standing and respectability in his profession, and afterwards Mr. Willmott and Dr. Charles Underwood, two general practitioners in the town. Mr. Aveline treated the local disease with repeated applications of leeches. She applied to Dr. Underwood, with ulcers in her throat, and he ordered her to wean a child which she had suckled for a year and seven months. Her breasts were drawn twice a day, but by the advice of a foolish woman she left off the drawing of the milk, and let her breasts go full. Then all at once she found herself affected with the laryngeal symptoms, weakness of voice, and all the symptoms above detailed. Dr. Underwood ordered leeches several times, a blister to the chest and stomach, and blisters behind the ears. Mr. Willmott gave her something answering by description to sirup of buckthorn, which purged her violently, and occasioned piles and prolapsus of the rectum. Finding that she derived no benefit withal, she dropped these proceedings, and resolved to seek some further means of relief for her troublesome complaint.

I got her admitted into the Dispensary from the 22nd of March to the 2nd of June, at the recommendation of Thomas Prichard, Esq. As internal remedies I prescribed:—℞ *Pil. Hyd., Rhei Co.*, aa. ℈j; *Pulv. Jacobi Ver.* gr. viij. M. div. in pil. viij; sumat j vel ij o. n.—℞ *Ol. Ess. Copaibæ* ℥iss; *Syr. Zingib.* ℥j; *Tinct. Lyttæ* ℥ij; *Ext. Conii* ℥j; *Inf. Uvæ Ursæ, Muc. Acac.*, aa. ℥iij. M.; sumat ℥j mane et meridie. I directed her to use, as a local remedy to her throat, the nitrous fumigation. On the 26th of March I lanced her gums for a wisdom tooth, which she was cutting with severe pain of the jaws and burning of the tongue, a process to which Dr. Ashburner, with more felicity of pathology than of language, ascribes so many important consequences. She was now much more free from pain and morbid secretion of the throat and windpipe, but her chest still continued tight.

The first impression of the nitrous fumigation was to cause a constriction of the trachea, but it was followed by the expectoration of "a deal of stuff" from her throat. The only evil of its use was, that it excited some blistering of the tongue and fauces, which required the use of borax. On the 28th of March it produced a profuse expectoration from the larynx, which she declared was "exactly the same as breast milk."

She now began to feel the appetite of a wolf for food; her looks were improved, her respiration was more easy, and the mental depression which weighed her down was removed. But on the 31st March, her breasts became hard, and, as she thought, full of milk again. The expectoration still continued, but was much less in quantity, and had lost its resemblance to breast milk. I inserted a seton under the right breast to relieve the hardness. She had also earach, and the ceruminous glands of the left ear were swollen into a pale white ridge, which was owing obviously to common cold. The breast went down on the day (April 1) that the seton commenced to discharge, and the laryngeal symptoms were still more abated. The seton was kept open with *Ung. Resin. Fl.* and *Camph.* p. e.

It was now about her monthly term; she had gone over the preceding period without any appearance, and, previously to that, the quantity was less, paler in colour, and followed by leucorrhœa. I concluded, after close inquiry, that the irregularity was owing to impregnation, which turned out to be the case. Four leeches, however, were applied to the labia pudendi. She now complained chiefly of the protracted state of the fauces, and of something in her nose, which stopped her breathing. Besides the thickening and relaxation of the soft palate and fauces, the uvula had descended too low, and there was an inflammatory rounded projection of the schneiderian membrane of the left nostril, which moved backwards and forwards in respiration. It was not a polypus, but one of those vascular turgescences of the nostrils of which I had a case in a young tradesman at Cheltenham some years ago: it was benefited by leeching and applying a solution of lunar caustic in the present case. As the back of the throat and palate did not mend, those parts and the

uvula were smeared, for three or four weeks, night and morning, with muriatic acid and honey, p. e.

By the 7th of April the soft palate and fauces were improved, the breasts were restored to the natural size, the nose was affected only with a sense of burning heat at times, and the laryngeal symptoms were removed. But in spite of both constitutional and local remedies, the throat and neck were still hardened and swollen throughout the intercellular tissues. From the 4th of April she applied ℞ *Iodine* gr. viij; *Hydriod.*; *Potass.* gr. xv; *Ung. Hyd.* Mit. ℥j; *Ol. Croton. Tig.* gtt. xij. M. per linim., ter in die infricandum.

On the 24th the mouth was slightly affected, but the induration was not reduced. She was now taking ℞ *Liq. Ammon. Acet.* ℥ij; *Tr. Opii* gtt. x; *Liq. Antim. Tart., Vin. Ipec.*, aa. ℥ss; *Mist. Camph.* ℥iiiss. M. Dos. ℥iss ter in die. One day this cervical submaxillary swelling would be full and remarkably tense all round, with a painful sense of tightness, violent headach, shooting pain in the ears, pain at the angle of the right jaw, where the skin was reddened at the seat of an old blister, and round to the cervical vertebræ; another day the throat and neck would be of the natural size, and she would feel well. As the iodine had failed, I ordered eight leeches behind the ears; Cline's embrocation for Barbadoes leg to be applied to the neck, and a colchicum mixture to subdue some catarrhal and febrile symptoms. She felt lowness, with want of appetite, and pyrosis, after this attack, which was relieved by bismuth in Professor Gregory's antidispeptic powder. On the 28th of April she complained of a bilious taste, with a sense of heat in the stomach, and violent headach, for which she took a mild vomit. From that time to the coming in of June she took mild bitters with hyoscyamus and salines; her throat gradually became less hard and swollen, and her general health improved, till she was convalescent, and left off medicines.

Remarks.—The low kind of inflammation and irritation which affected the mucous membrane of the nares, pharynx, and larynx, offer no circumstances to call for particular observation. These affections followed the undue accumulation and retention of milk in a habit disposed to irregular determination and conversion of diseased action, especially after the check of any secretion or excess. She had some time before "a gathering in her ears, which broke and discharged;" she then had swellings and phlegmons of the legs, which were "backened" by the lotions of a general practitioner; after which her head, to which irregularities of the circulation chiefly tended, became affected. The abscesses in the legs were reopened by applying lily leaves, and the head and constitution were relieved. Next followed an ophthalmia, which was cured by a succession of blisters behind the ears. In the general history of the case, then, we see the relation of the diseased actions by extension. If Hayne's assertion was correct, that she expectorated a fluid like milk, the fact amounts to this, that a revulsion of milk may continue in the system for two months, and that fluid, like urine in ischuria renalis, be cast off from another surface. After the morbid action was removed from the larynx, it is curious that the circulation returned to the breast. Professor Hamilton observes, that when the breasts, in an analogous manner, are too full after pregnancy, the lochia will become mixed with milk, from the milk being absorbed and carried into the circulation (*MS. Notes of Lect.*) The functional disorder of the respiratory passages might have been produced by several combining causes. An anonymous writer gives a case of thoracic tightness of breath, accompanied with sharp fugitive pains in the chest, constant efforts to clear the throat of mucus, fixed pain in the larynx, loss of appetite, pale countenance, and great emaciation, which attended a relaxed and elongated state of the uvula, when it was lying on the tongue.* But though the state of the uvula in this case conduced to the irritation, it was not the sole cause. The external enlargement of the throat followed chronic sore throat. The headach coincided with, if it did not arise from, determination of blood, and, I apprehend, was increased by the pressure of the tightened tissues of the throat and submaxillary space upon the bloodvessels of that region. The cause of the temporary indurations of the cellular tissue of the neck, which is the most interesting feature of the case, was involved in much obscurity. Cruikshanks says, glandular enlargements of the neck may arise from affections of the brain and its coats. Dr. Clarke and Dr. Hugh Ley have described certain morbid conditions of the cervical absorbent glands produced by cold, and the irritation of scabby eruptions on the face. In one of the two species on the general cellular induration of children, called the serous induration, there exists disorder of the brain and nervous system, and frequently coma and difficult deglutition and respiration. The perspiration is suspended, the dryness of the cutaneous surface is remarkable, the muscles are often contracted and even tetanic. Albu-

* "Johnson's Journal," vol. 1824, p. 956.

minous serum is deposited, transparent, or slightly coloured, yellow or red. (*M. Rostan.*) Dr. Arnott gives a fatal case of sore throat with ulceration of the pharynx and laryngeal symptoms, in which lymph was effused at different points into the cellular substance, all along the front of the larynx and trachea to the back of the neck, and some into the anterior mediastinum. A reviewer mentions cases of inflammation of the cellular tissue about the neck from sore throat, in which the inflammation may be subdued in the cellular tissue external to the mucous membrane of the larynx, between the pharynx and larynx, anterior to the latter, or between the former and spine. It terminates in effusion of lymph or purulent matter, or both, and is peculiarly fatal, not from the difficulty of swallowing or respiration, but from the typhoid depression attending deep-seated suppuration.* My case was decidedly not of this character, as the swelling was neither permanent nor attended with the symptoms of suppuration, but temporary, and influenced by cold and all changes of weather.

I considered this affection to be one of low action, and a tonic, in which *the depleting method of treatment* adopted *par routine* by the two preceding doctors, was certainly *not* likely to succeed. It required stimulating balsamic remedies, and local excitants. "The great difficulty and excellency in physic is the distinguishing one disease from another, especially those that appear similar, though vastly different in their true nature and disposition." I aimed, for one object, to correct the disordered functions of the frame generally, and to equalize the circulation; and for another, to act on the local morbid conditions with suitable local remedies. I entertain a high opinion of copaiba in affections of the mucous membranes of the pharynx and larynx of a low, old, and chronic character; and equally so of cubebs, the influence of which in affections of the mucous membranes in different parts of the body I pointed out several years ago. Mr. Selwyn of Ledbury, who is the leading general practitioner in this county, and a gentleman of much sagacity and energy, employs copaiba, combined with Tr. Benzoin Co., with rapid success in the lingering muco-purulent secretion, in the last stage of mucous catarrh, in elderly patients, upon the same principle as he would employ it in blenorrhœa. Nitrous fumigation has always been much used for chronic and syphilitic ulcers of the pharynx and larynx. Mr. Henry Cline, who was personally affected with that form of disease, considered it the only remedy in such cases (*Lect. MS. notes.*) The bitters, alkalies, and narcotics, combined, are good remedies. As to external agents, all one can say is, that whether they have any particular effect or not, they excite expectation, and so support the doubts and drooping feelings of depressed patients; they give them something to perform, which takes up their time and attention, and thus allow space for more important agents, or for the natural powers of the constitution to operate, unchecked by the despondency to which some give way when they do not find an immediate and unreasonable degree of relief. They satisfy the mind also by showing the attention of the physician to every circumstance of the case. The vascular evolutions of pregnancy probably contributed to change the irregular distributions of the circulation, and supersede the whole disease.

Ross, May 12th, 1835.

* Medico Chirurgical Review.

PARTURITION,

Complicated by partial attachment of the Placenta to the Os Uteri, and Hemorrhage previous to the Birth of the Child; excessive Hemorrhage after delivery, occasioned by firm adhesion of the remaining portion of the Placenta, and removal of the latter by breaking down; with Peritonitis and Phlegmasia Dolens, ending in Recovery.

To the Editor of THE LANCET.

SIR,—I beg to send you the following account of a case which lately came under my notice. Should you deem it of sufficient importance to occupy a space in your independent journal, you will perhaps do me the favour to publish it. I am, Sir, yours respectfully,

L. OWEN FOX.

Broughton, Stockbridge, Hants,
May 14, 1835.

Case.—Catherine Fox, of Winterslow, ætat. 30, the mother of three children, had been the subject of hepatic disease for some years, and had also suffered from two or three miscarriages during the previous eighteen months. She again became pregnant, and was taken in labour on the 27th of January last. Her condition at that time was any thing but favourable; the legs were anasarcous, so as to render her scarcely able to move, and the face was swollen and sallow, added to which she was troubled with diarrhœa and pain in the bowels, a complaint then epidemic

in the neighbourhood. Shortly after the commencement of labour I was sent for, and on my arrival I found the uterine efforts strong, and that each pain was accompanied by a discharge of blood. On examination I discovered that a portion of the placenta was attached on one side of the os uteri (which latter was considerably dilated), and the head bearing forcibly down. Under these circumstances I felt convinced that turning would be impracticable, and as the "pains" were so strong, I determined to trust to them, my mind being quickly relieved by the descent of the head and a diminution of the hemorrhage. The child was still-born, and as no pulsation remained in the cord, I divided it. From some movements of the child before its birth, I determined on endeavouring to restore vitality by inflating the lungs. The child being placed in warm water, I was gratified to find twenty minutes exertion rewarded by the accomplishment of my object. My hand being on the chest, I at first discovered an occasional beat of the heart, which was at length succeeded by *louder* indications of life.

To return to the mother. After a considerable time had elapsed, the uterine contractions gradually came on, but with them (much to my mortification) alarming hemorrhage. Nothing remained to be done but the removal of the placenta, and as the powers of life were fast sinking, I was aware that that must be effected speedily. On introducing my hand into the vagina, I found a portion of the placenta projecting from the os uteri, and in the absence of a contraction I passed my hand into the uterus. The placenta was attached below the fundus, and so firmly that I could remove it only by small portions, and these, too, with great difficulty. The hemorrhage, however, ceased, and with the aid of mild stimulants, &c., my patient was, after some time, comparatively comfortable.

On examining the portions of placenta, some of them appeared to be almost osseous, of an oval form, and a yellowish-white colour.

March 4, a.m. Patient expresses herself quite comfortable: has had scarcely any pain since yesterday. Appears going on well.

In the evening, at about ten o'clock, I was sent for in great haste, as Mrs. F. was "very ill." (Her residence is six miles from Broughton.) I attended as quickly as possible, and found an alarming change in my patient's state. The countenance looked anxious and haggard; there was severe pain and tenderness of the abdomen, attended with tumefaction; pulse very hard and wiry; skin hot and dry; tongue furred; no discharge from the vagina. The woman was bled to syncope, and thirty ounces of blood were lost before it was produced. One scruple of calomel and a quarter of a grain of acetate of morphia were given immediately. I need not state the precise treatment. Suffice it to say, that leeches were applied on the following morning, and calomel was given until the mouth was made tender. This latter effect was, fortunately, very quickly produced. On the fourth day, the pain, tenderness, and tumefaction of the abdomen, had ceased, and Mrs. F. was once more in a fair way to recover. She was, however, doomed to suffer more pain, for, on the tenth day from her confinement, she complained of pain in the left leg, which was much swollen, very hot, much whiter than the other, and excessively tender. The woman, when asked at what part of the leg the pain was most severe, traced precisely the course of the saphena vein, from the ankle to the inside of the knee-joint. Along the course of this vein I applied upwards of a dozen leeches, giving her at the same time three grains of mercury with chalk, and a quarter of a grain of acetate of morphia at bed-time, and saline medicine in the day. I directed an evaporating lotion to be constantly applied to the leg, and it was very grateful to the patient's feelings. The leg, under the above treatment, soon became relieved, but unfortunately the opposite limb was attacked with precisely the like swelling and pain. I thought that the poor creature would have sunk, but she rallied, and at length recovered. The limbs were of course swollen and stiff for some time afterwards, but bandages and friction proved very beneficial. A nourishing diet and tonics improved the woman's health, and she is at this time better than she has been for a very long period.

Remarks. – It might be alleged by some, perhaps, that all the unfavourable symptoms which followed the extraction of the placenta, were occasioned by some force used in its removal. But though it was extracted with difficulty, no force was employed; I merely passed my fingers through the substance of the placenta, and brought it away piecemeal. If we consider the woman's condition before delivery, it is not remarkable that inflammation supervened, or that she suffered from "white leg." I feel assured that if I had not promply bled my patient, she must soon have sunk, for in a few hours only the tongue was coated with a brown fur. I believe that cold applications are not generally recommended in

phlegmasia dolens, but from their good effects in the present case I would strongly advise their employment.

It has been remarked that delicate females menstruate more profusely than those of ruddy complexion and robust constitution; and the same observation applies to uterine hemorrhage. An experienced practitioner in this neighbourhood has said that, in almost every case of hemorrhage after delivery which he has met with, the woman has been of a sallow complexion, such as may be classed among those persons who are of the leuco-phlegmatic temperament.

VASCULARITY OF THE TEETH.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your insertion of the inclosed remarks. I am, Sir, your obedient servant,

FRANCIS EAGLE.

19, Poultry, May 18th.

The fangs of the teeth are on all sides, both internally and externally, covered with a periosteum similar to that of bones, and admitting the red particles of blood. In addition to this, the internal cavity is filled with a vascular pulp, plentifully supplied with bloodvessels from each periosteum. Small vessels, carrying only colourless blood, pass into the substance of the fang, and these clearly convey the nourishment which supports its vitality. Similar small vessels may be seen passing into the upper part or crown of the tooth, and although I have never been able to detect them in the bony substance of the tooth itself, yet that the vitality is supported in this way is proved by the fact, that if, as frequently occurs, the vessels of the external periosteum of the fang take on ossific action, depositing not only on the periosteum itself, thereby cutting off all external supply, but also obliterating or plugging the foramen at the root of the fang, cutting off all internal supply, the tooth inevitably dies.

As an additional illustration in favour of the argument for the vascularity of the teeth, I shall instance that of the cornea. The vessels of the cornea, when in a healthy state, carry only colourless blood; but when attacked with inflammation, the caliber of its vessels becomes enlarged, and they admit the red particles. And why here more than in the tooth? Simply because the cornea is more yielding. Who ever heard a patient, upon a division of the cornea in the operation for extraction of the lens in cataract, complain of pain? On the other hand, who will deny the existence of pain in inflammation and ulceration of the same part? The truth is, that from their peculiar office in the animal economy, their sensibility is developed only under disease.

But why and in what manner do diseases of the body exercise so powerful an influence over the state of the teeth, over caries and toothach. If they receive their nourishment, if they receive their elements of vitality, from the general circulation, in the same manner and by the same medium can they receive the elements of disease. The following case, illustrative of the sensibility of the teeth, though interesting, is by no means uncommon.

Miss L., a young lady of delicate constitution, and of a degree of sensibility amounting almost to a morbid affection of the nervous system, has lately been unable to take food with any degree of comfort, in consequence of the extreme irritability of the teeth, particularly on one side of the mouth. She had been taking quinine and other tonic medicines for some weeks, without any relief, before coming under my care. As I had seen repeated instances of this affection, I pronounced it easily remediable by correcting the unhealthy state of the stomach and bowels. In the space of a fortnight she was able to take food with a good appetite and without pain. The teeth were not decayed.

Mr. Bell, in his work on the teeth, states that he has seen several instances in which, after extraction, he could detect the red particles in the bony substance of the tooth itself. I have myself, however, been less fortunate, for although I have examined minutely some hundreds of teeth, I could never satisfy myself that the bony substance did admit the red particles. Is it not possible that Mr. Bell was mistaken? Be this as it may, it is allowed even by the same author, that in general the circulation in the teeth is colourless, and I am disposed, from my own experience, to think that but few teeth will be found upon examination to contain the red particles of blood. The teeth are, as well as bone, a secretion from the red blood, and I see no reason why they should not be repaired, after the caries and the cause of the caries have been removed, in the same manner as granulations take place in caries of bone, provided they generally admit the red blood.

Of the arguments against the vascularity of the teeth the principal are—

1st. That the teeth are not subject to mollities ossium. The answer to this is,

that mollities ossium depends on the power which the arteries possess of secreting ossific matter from the red particles of blood, which the teeth do not carry, and therefore they cannot be affected in a similar manner.

2nd. The experiment by Mr. Hunter, of tinging the teeth with madder, is far from conclusive; since, if bones that have been tinged lose their colour slowly, it would require an almost unlimited time for the same change to take place where the circulation is so low that the red particles are rarely admitted.

A late writer in your Journal says—"If the teeth were vascular bodies, it must necessarily follow that whenever a tooth is once affected by ulceration or gangrene, extraction is the only remedy." Again, "were the teeth vascular bodies, and decay the result of ulceration, the operations of filling and stopping would be impossible, for who has ever heard, says Mr. Samuel Cooper, of filling or stopping an ulcer with metal, as it is practised on the teeth?"

An irritable ulcer? All this is easily explicable, in my humble opinion, upon the simple fact, that the teeth do not admit the red particles of blood, and from the foregoing sentence I dissent *in toto*. I deny, first, the justice of the position, that "if the teeth were vascular and became ulcerated, extraction would be the only remedy." It is true that if they be vascular, as that vascularity forms a part of the general circulation, the tooth must be subject to changes going on in or through the circulation. And such, in fact, is the case. Toothach and caries, or gangrene, are very much under the influence of constitutional treatment, caries being no more necessary to toothach than toothach is to caries. Secondly, I dissent from the position, that "were the teeth vascular, and decay the result of ulceration, the operation of filling and stopping would be impossible." Certainly not. It is the non-admission of the red particles of blood, and the consequent low vitality of the teeth, of which we avail ourselves in stopping the cavity with metal. Where, then, is the similarity between ulcers which carry red blood, and the teeth which do not? Where is the analogy between a part which can be repaired and a part which cannot?

To recapitulate; I ground my belief in the vascularity of the teeth—1st. On the fact of their death, if they be cut off from the general circulation. 2nd. On the fact of their being powerfully influenced by diseases of other parts of the body, phthisis, jaundice, &c., and by medicines taken into the system, such as mercury. 3rd. On the circumstance of the pain which frequently accompanies caries, that pain also being frequently relieved by local applications, when the caries does not extend to the pulp. 4th. On the fact that a great portion of the tooth may be removed by caries, before any external opening exists in it. How the two latter effects are produced, except by absorption, and how that absorption takes place without the agency of vessels, I leave to my opponents to explain. 5th. On their chemical composition. 6th. On their extreme sensibility under disease.

SKETCHES OF THE MEDICAL PROFESSION IN IRELAND.

DR. LITTON,

Professor of Botany to the Royal Society of Dublin.

THE GLASNEVIN BOTANIC GARDEN.

UNTIL a recent period botany was scarcely considered one of the sciences in Ireland, and the low state into which its cultivation had fallen, might have well justified the estimate formed of its rank. Except by a few individuals whose natural energies of mind freed them from the bondage of vulgar prejudice, it was either neglected altogether, or pursued with views but little more elevated than those of the Rhizotomists or herb-gatherers of Athens. A revolution, as rapid as it is general, has however taken place in the public mind on this subject; and it may now be said to be the most popular, as it was once the most despised of sciences in the Irish capital. Like the aloe, whose bloom is prized in proportion to the slowness of its advent, it has at length burst its plural envelopes, and captivated society by displaying its beauty and its utility. Not only are its claims to attention beginning to be recognised by that profession which so long treated it as an alien or an outcast of their *curriculum*; but by every department of the community aspiring to the possession of refined and useful information. We have now many young ladies amongst us who are better acquainted with its principles and application, than some of our remaining professors of materia medica;* while the crowded audiences

* We allude more particularly to the first attempt of the kind made in Ireland by Miss B....y to compile an Irish Flora—a small unpretending work which we may, without a compromise between truth

in the Glasnevin Garden, amounting often to three and four hundred persons, demonstrate the favour in which the science is at present held.

The slow progress which the science has made in Ireland, admits of an easy solution; and may be instructively cited as one of the mischievous errors committed by the directors of medical education. The College of Surgeons, at the time of its establishment, and for many years subsequently, succeeded, by a laudable attention to a single branch of knowledge, in obtaining the almost exclusive management of education in the country, and in giving tone to the public mind on that subject. The University, owing to the perverse construction of its statutes, had neither pupils nor influence to advance the study of the science, though possessed of a professor and a garden for that purpose. The Corporation of Apothecaries, which might be expected, from the immediate connexion of the objects of its institution with this science, to take an active interest in its cultivation, did not until very lately even appoint a professor for its tuition, and is still without a perch of ground to grow specimens for its pupils' instruction, notwithstanding the increasing prosperity of that body. The trading revenues of this establishment, which must be considerable, instead of originating a "Chelsea" and a "Miller" on the banks of the Liffey, were directed, to the last farthing, into the channels of private embezzlement. By that department, therefore, of the profession which alone by its influence could have promoted the diffusion of the science, it was not only neglected, but even publicly ridiculed. So far from being required as an essential in the education of the licentiates and members of the College of Surgeons, they were taught to look on its study as so much useless labour; and its practical application as an employment fitting only for old women. The incomparable ingenuity of the system and nomenclature of Linnæus, and the profound and beautiful philosophy of the method and writings of Jussieu, were looked upon as the dreams of idle speculatists, unprofitable as the pursuits of the alchemists in search of the "philosopher's stone." Concentrating their views on the anatomy and diseases of a single being—on one small item in the catalogue of vitality, these empirics, who mistook a shambles for a scientific association, forgot that even this limited object could not be attained without a referential examination of the other departments of animated nature. The evil of this course did not terminate in the injury which it inflicted on the science of botany alone; it fatally extended to the other sciences, and even to the moral character of the profession itself, which was thus taught to resolve all knowledge into what were called "facts" by this empirical sect; and all those ennobling associations arising out of the proper study of science, into a code of money-making, and humbugging the public about pretended cures. Even at this hour, this body, which presumptuously arrogates the right of dictating the course of study to be pursued by the medical students of Ireland, neither has appointed a professor of botany,* nor requires the slightest information on botanical subjects from those whom they pretend to educate.

The proscription of the science by a profession with which, unfortunately, it was always identified, spread its baneful influence over the public mind, and confirmed its indifference, by example, for botanical pursuits. The obvious but erroneous conclusion that "a pursuit despised and rejected by persons with whose education it was connected, was not worth the trouble of learning," became the easy and universal response to every private and public attempt to promote the cultivation of the science. Nothing, indeed, can better illustrate the apathy which every where prevailed on this subject, than the results of, and the circumstances attending, the exertions of the Royal Dublin Society to awaken the national mind to a sense of the importance of the science. While we concede to the Society the full merit of the best intentions, we must observe that the means which they adopted of carrying their design into effect, fell far short of the difficulties which they had to surmount; and that to the original error of a bad selection of agents for the accom-

and gallantry, recommend as an useful companion to the botanical student in his excursions through that country. As an illustration of our text, we may further remark that the professor of materia medica in one of those institutions which Dr. Graves would seek to dignify with the slavering epithet of "scientific," would not be able to distinguish a branch of *pinus sylvestris* from a peacock's feather!

* There is, we believe, *one* in a state of incubation in Park-street, who, when sufficiently fledged for flight, and the botanical "aeric" in the College is prepared for his reception, will probably wing his way to that elevated station, unless, indeed, the "concours" should in the interim start up and bar his ascent. We beg not to be misunderstood—we mean a *system*, not a *person*, of whom we know nothing.

plishment of their undertaking, they committed the less excusable fault of witnessing and tolerating the incompetency of those agents for years after it had been proved in the most satisfactory manner. It is true they had a refractory soil to operate on; a soil too in which the seeds of positive hostility to the science were extensively sown and fatally prolific. Yet a man enjoying the liberal advantages of the society's patronage, alive to the important trust reposed in him, and armed with a fearless conviction of the utility of his mission, might still have achieved much in the regeneration of the public taste, if he could not entirely succeed in establishing the empire of the science on the wide basis of popular favour. Truth and science might in this, as in many other instances, have proved themselves more infectious and diffusible than error, and showed that they only required to be well planted to ensure their propagation. Unfortunately the choice of the society at that important crisis fell on a man who did not possess a single attribute to qualify him for the restoration of public taste from its vitiated to a healthy condition; and still more culpable and unaccountable was his retention in office after failing in the task they had assigned him. The old-fashioned *prig* whom they appointed Professor of Botany, and continued in that office until death removed him out of the wrong position in which he had been placed, imagined that the wearing of a sky-blue vest, and the counting the pistils and stamens of some showy flowers in the theatre of the Society, constituted the whole duties of a professor of botany. The burlesque of the science which this old coxcomb annually enacted, must be fresh in the recollection of many of our readers. Tricked out in apparel as tawdry as the pie-bald vestiture of the high priest of Flora herself, and thoroughly imbued with that dancing-master style of manner with which Chesterfield and the last century might have been enraptured, Dr. Wade always commenced his didactic duties by a preliminary eulogium on the Society. Of this truly *Hibernian* specimen of *Oriental* exaggeration it would be impossible to give an adequate description. The Society was duly put forward as the centre of national civilization; the paragon of all learned associations; the sun which blessed the most distant districts of the island with the humanizing influence of science and literature! The waters of the bog of Allan oozed away, in obedience to the improving mandate of the Society, into perfect dryness; the "purple-blossomed heaths" of the mountains of Cunnemara disappeared in the prospect of the more profitable products of cultivation: *omnis feret omnia tellus*, scarcely described the metamorphose in store for Ireland under the ameliorating auspices of his patrons. Dryden in the palmiest days of patronage and dedication, when the refuse flowers of Parnassus were twined at fixed prices into wreaths of immortality for the great, was cold, artful, and penurious of his praise, when compared with the glowing, undisguised, and exuberant flattery of this most grateful and generous of all literary and scientific pensioners. During this stage, however, of the doctor's annual *apotheosis* of the institution in Kildare-street, the incense of panegyric was still endurable, because it was general; the members and professors present on these occasions might appropriate just as much of the floating fumes as suited their taste or their vanity; but as the Doctor proceeded to individualize the performance —to apportion his respective quota of the panegyric to each of the Society's professors,—it was certainly amusing to see them one by one withdrawing out of the theatre, amidst the laughter of the audience, in anticipated apprehension of the unmerciful brush of this old dauber! One more duty was yet to be fulfilled by the "little, round, fat, oily man of God," who certainly had "a roguish twinkle in his eye," with many other characteristics of an occupant of the "Castle of Indolence," – a hint or address to his "fair countrywomen" on their peculiar fitness for botanical pursuits, which he usually concluded by drawing their attention to some "fair inmate" of the garden, and the gallant intimation, to one of the servants, of "*Pulcherrimæ detur*!" The prize was accordingly disposed of as the rustic taste of some "Hodge" of the garden dictated, the decision producing a commotion among the spectators of both sexes which was scarcely exceeded by that of the "judgment of Paris" himself, and more befitting the celebration of the prurient rites of the *floralia* in ancient Rome than a place devoted to the objects of science and instruction.

Such were the notions which this man entertained of the means to be employed in overcoming the difficulties of his undertaking,—such his idea of popularizing a science which has all the prejudices of the learned, and all the apathy of society in general, arrayed against it. We have dwelt with perhaps seeming prolixity and unnecessary severity on the errors committed by this individual and his too indulgent patrons; but when we reflect on the splendid opportunities abused by both these parties, and contrast the melancholy consequences of their conduct with the results of the exertions of other teachers

and other learned societies in neighbouring countries, we stand acquitted in our own judgment of having overcharged the wretched picture which we have drawn of the former condition of botany in Ireland.

Yet the evil did not rest here; the decay of the garden at Glasnevin rivalled the buffoonery in the theatre of Kildare-street. Vast numbers of plants, procured with difficulty and at much expense, disappeared from the beds and stoves, through the perverse neglect of the curator who brought up the rear of ruin headed by Dr. Wade. In our walks to the garden at this era of barbarism, we not unfrequently saw the thistle flourishing in indigenous luxuriance above the wasted remains of some costly exotic of the green-house; and the label of perhaps one the umbelliferæ, outraging the labours and nomenclature of Linnæus, standing perhaps before one of the konunculaceæ.

Fortunately for the fate of botany in Ireland, and the improvement of the Glasnevin Garden, Dr. Wade was "gathered to his fathers," and some time after his coadjutor in mischief was dismissed. The choice of the Society now fell on a professor who has proved himself equal to the important office which he holds, his success as a popular lecturer being perhaps unrivalled in Dublin. Though it would appear that Dr. Litton did not devote more of his attention to botanical pursuits in early life than to the other branches of medical science, he possessed other qualifications in an eminent degree to compensate for this defect. A preliminary education, which may be said to have been truly learned, succeeded by a long and serious application to science and literature in the most extensive acceptation of those terms, prepared him to prosecute with effect the study of his adopted science. To him the sources of knowledge were familiar; the paths to the fountain had been often and observantly trod; and the heights of science, which mutually look into and connect each other's domains, were frequently and successfully scaled. Unlike the Cyclops of a deficient education, who, though possessed of sufficient intellectual power, knows not which way to turn in the darkness of his ignorance when stimulated by choice or necessity to studious exertion, he saw the course distinctly which he ought to pursue, and had only the delightful task of collecting and arranging those materials of instruction with which previous excursions into the fields of literature and science had made him acquainted. His lectures in the theatre of the Society, preparatory to the practical course delivered by him in the garden, present master-pieces of popular composition on the study and advantages of botany, and demonstrate how much can be accomplished by a man of correct taste and general acquirements, when his energies and resources are concentrated on any given subject. In these admirable discourses, the selection of illustration is as judicious and copious as the warmest enthusiast in the cause of the science could desire, and as convincing of the just importance attached to it as would be required by the most sceptical or practical audience.

One of the leading features in these lectures,—a feature in them which is highly creditable to the judgment of Dr. Litton, is the attempt to awaken in his fellow-citizens a sense of the utility of the science, and to remove, by a correct and philosophic exposition of its objects, and the proper manner of studying it, those vulgar prejudices which existed in the public mind against its cultivation. This design is still further followed up and more fully developed in the course of lectures delivered in the Society's garden, which lectures usually embrace a demonstration of some of the more remarkable natural families of the vegetable kingdom. For proving to a mixed assembly, such as Dr. Litton has to address, the advantages which they unconsciously derive from botanical science, and exhibiting to them in the most attractive form the beauty of its philosophy, no better course could be adopted. By examining even but a few of the links in the vast and interesting chain of vegetable existence, the spectator is at once surprised and gratified by the successional evolution of new species, genera, tribes, and families, all differing from and yet connected with each other by shades of habit and structure so subtile and yet so distinct, that he knows not which to admire most, the superabundance and perfection of design displayed in the formation of these objects, the wonderful ingenuity of man in the discovery of their organization, connexion, and properties, or the important ends accomplished even by the humblest of them in the grand laboratory of nature. In each of these families he is sure to meet with some individual, the peculiarity of whose qualities, appearance, or structure, will fix his attention on its less remarkable relatives, and induce him to enter on their investigation. He is thus gradually led on to observe the order, harmony, and similitude, which pervade the whole system of the vegetable kingdom, from the humblest moss to the monarch oak, and to arrive at length at the only conclusion for which its study indeed would be worthy

of man's attention—the ennobling and instructive conviction of the wisdom, benevolence, and consistency, displayed in its production.

The method of viewing and studying the vegetable kingdom, to which we have alluded, has been prudently made the basis of Dr. Litton's lectures; and in carrying his conception into execution he is equally felicitous. Whatever assistance for the illustration of this design can be derived from, or whatever interest can be conferred on, the subject by an extensive acquaintance with the various branches of natural history and general literature, is seized upon and happily applied to the attainment of this object. The general stock of human learning is thus made tributary to the ornament and elucidation of his theme; but with a degree of taste and judgment which shows that he has not ransacked libraries for the purpose of ostentatious extraction, but that his communion with those sources of knowledge has elevated his own ideas and observations to a level with those from whom he borrows. His discourses consequently possess all the freshness and integrity of original composition, carrying the audience along with them without those narratorial interruptions of undisguised plagiarism which so eminently distinguish the clumsy compilations of some of his contemporaries. From the remarks which we have made (and which we could wish were more worthy of the subject), in order to point out the correctness of Dr. Litton's views of the nature of his duties and his ample capabilities for their performance, it may be inferred that in the minor details of character he is equally distinguished. In his language and delivery there is indeed a delightful absence of all that charlatanism and mannerism which would of late appear to have found their way from the green-room, not only into the theatres of science, but into every department of social life in the Irish metropolis. His respect for himself and the pursuit which he follows; his convictions of its dignity and importance, unalloyed by that blighting scepticism of selfishness and ignorance which may be seen every day in our philosophic institutions, sacrificing the true interests of science by a personal prostitution of manner, to gratify, for private objects, the vicious taste of the polite rabble, have refined his deportment into a dignified simplicity. The objects of instruction are never for a moment merged in obtrusions of vanity, or degraded in clap-traps for vulgar applause. He is wisely content to leave to science, which he so purely and faithfully serves, the never-neglected duty of securing to her votaries that portion of admiration and esteem which they respectively deserve. In this he is right; for though such reputation is not easily earned, it is the only kind which wears well. Having secured this prize by honourable and meritorious means, we have only to express a sincere wish that he may long continue to enjoy it.

The Society were not less fortunate in the appointment of a curator. Mr. Nevin has more than realized the expectations of the society and the public, by his great exertions in the improvement of the garden. The walks, beds, ponds, and stoves, have all undergone the process of repair and alteration; and in little more than twelve months the place presents a degree of order and of elegance almost incredible to those who had witnessed its previous state of ruin. Numerous and valuable additions have been made to the contents of the green-houses, by donations, and by purchases made by Mr. Nevin in the English gardens during the last summer. The Society appear to be laudably anxious to afford every facility in their power to the botanical visitors of the garden; and from the success of the exertions which have been hitherto made, a still greater impulse to the cultivation of botany in Ireland may be anticipated.

Our space scarcely justifies an allusion to the localities of this garden, of which it might be expected we should give some account. We should, however, decline the task on other grounds. A botanic garden cannot be *safely* described, being a sort of Calypso's Isle, in which the Circean cup of natural enchantment might over-excite even the apathetic, and betray the most prudent into rhetorical excesses of description. A corner of earth, in which figures and flowers more beautiful and abundant than ever sprang from Parnassus' sides, or drew vitality from Castalia's dews, present themselves in endless profusion, is surely a dangerous theme in the month of May. We must, therefore, be held excused for not attempting to "paint the lily,"—to give body and form to a scene in which the operations of the matchless pencil of nature must be seen in order to be sufficiently prized and understood. This much however we may venture to aver for the information of those who have not visited the garden, that if all the delightful objects of foreign production which now crowd its space were removed to their native *habitats*, the grounds of Glasnevin would still be a place of which much might be said in their favour. There is wood, water, extent and variety of surface and of soil—not a paltry patch of ground, such as is usually devoted

to these purposes, but a demesne of upwards of forty acres? To this garden we may further observe there is admission two days in the week without expense; that it lies within less than half an hour's walk of the north side of the city; and that the lectures usually commence there in the month of June, and are delivered at eight o'clock in the morning by Dr. Litton. The citizens of Dublin, and studious strangers in that city, are thus supplied with one of the best sources of amusement and instruction; and the vast number of visitors during the delivery of the lectures, show that this great advantage has at length been duly appreciated. Many observations on the further improvement of the establishment suggest themselves to our mind; but in the present disposition of the society to promote by all means in their power the true interests of the science, and of the Society's agents to forward their views in diffusing a knowledge of this useful and delightful branch of knowledge, we deem it unnecessary to disturb the general approbation of these efforts, by the publication of suggestions which we have no doubt will be realized in the course of time.

ERINENSIS.

Dublin, May 1835.

FRENCH JOURNALS.

We find in the *Journal des Connaissances Médico-Chirurgicales*, published for May, articles under the following heads:—

1. New method of treating ozena and chronic coryza. By A. Trousseau. 2. Researches on several points of ophthalmology. By Professor Velpeau. Not yet completed. 3. Theoretical and practical considerations on catarrh in general. By M. Gerardin; and 4, an article on the marsh fevers of Bougie (Africa), and on the use of sulphate of quinine, in high doses, for their cure. By M. Martinet.

1. New Method of Treating Ozena and Chronic Coryza.—There are few diseases of a simple kind which are more rebellious than ozena, when once fully established. The numerous methods proposed for its cure, and the numerous cases which we daily see resisting all the means employed to combat this unpleasant malady, sufficiently prove the truth of our assertion. Ulceration of the pituitary membrane has generally been considered as the most prevalent cause of ozena; however, in many other cases, there is evidently no ulceration or breach of surface of any kind; here chronic inflammation has been supposed to exist by many practitioners; but this opinion is opposed by a great many facts, and we are compelled to admit that although chronic irritation may develop ozena, it is not the efficient cause of the disease. M. Trousseau adopts an hypothesis which is sufficiently ingenious, and in accordance with several physiological facts. Many parts of the body, the feet, axillæ, &c., naturally exhale an odour *sui generis*, and in some individuals a very fetid smell. Whenever the parts above-mentioned become irritated or inflamed, this odour becomes still more strong, the irritation exaggerating the natural fetidity to a high degree. The same observation is applicable to the mucous membrane of the nares: in many individuals the odour of the mucus secreted in the nares is naturally strong: whenever they catch cold in the head (as it is said), this odour increases, and reaches its maximum whenever any cause, such as ulceration, caries, &c., keeps up a permanent fluxion of the nasal mucous membrane. According to this idea ozena may be defined, a peculiar odour of the nasal mucus, which is in general occasioned by a chronic fluxion of the olfactory mucous tissue.

The tenacity of inflammations which attack the mucous membrane of the nasal fossæ has been remarked by all physicians, though nothing is more easy than to combat them by topical means when they affect only the entrance of the nares: hence the obvious conclusion that the difficulty of the cure depends upon the difficulty of carrying our remedial means immediately to the seat of the disease.

The inspiration of medicated vapours presents the most complete means of applying a substance to the whole surface of the nasal fossæ, but is accompanied with the great inconvenience of acting in the lungs at the same time; hence we are compelled to have recourse to insufflation or injection; and of all remedies, experience shows the mercurial preparations to be the most efficacious. We may employ the protochlorure or the deutochlorure of mercury, indifferently, after the following formulæ:

℞ *Protochlorure of Mercury* 21 gr.; *Red Oxide of Mercury*, 12 gr.; *Sugar-candy powdered*, ʒ ½.

℞ *Deutochlorure of Mercury* ↄ 2; dissolve in sufficient alcohol, and add distilled water ʒ 12. The patient must inspire strongly a pinch of the powder, and repeat it five or six times a day, or mix one or

two spoonfuls of the solution in a glass of warm water and inject. By this simple method M. Trousseau has succeeded in curing several cases of ozena and chronic coryza.

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4. Marsh Fevers: Quinine in Great Doses.—The town of Bougie (one of the points garrisoned by the French in the neighbourhood of Algiers) is built on a semicircular range of mountains near the sea, and looks down upon a large open plain, in which the mountain streams discharge themselves and stagnate. Hence the troops stationed in this marshy situation were extensively attacked with intermittent fever, which, in a great number of cases, assumed the character of the malignant fever of warm climates. Without being deceived by the apparent inflammatory or nervous symptoms with which the malignant intermittent fever often commences, the author immediately had recourse to the sulphate of quinine as an antidote, but soon discovered the inefficacy of this remedy in the doses ordinarily employed; he therefore acted with more boldness as soon as any symptoms of the fever appeared, and gave from forty to sixty grains a day; usually one half by the mouth, the other by the rectum. Opium was associated with great advantage with the quinine, in the quantity of four to six grains per day. These means were also seconded by general and local bleeding and revulsives.

Although the doses of the sulphate of quinine were carried so high (two scruples daily for several days), the author never observed any of those toxicological phenomena which a great number of writers on the materia medica attribute to this preparation when given in large quantities. The necessity of keeping the soldiers constantly in the same quarters, and the repeated exposure to the malignant exhalations, gave rise to numerous relapses, and hence those who were cured once, twice, or even three times, sank under repeated attacks of the disease. This explains the apparent aggravation of the fever at a later period, and the diminished efficacy of the sulphate of quinine. Thus at the commencement (July 1st, 1834) the garrison of Bougie numbered 3300 men. During the first two months the mortality amounted only to 1·35, while six months after the invasion of the fever it had destroyed 1-5 of the whole number. The following resumé shows at once the extensive influence of the miasmatous poison and its intensity:

Garrison of Bougie, July 1, 1834 ..	3300
In hospital at that time	121
Received into hospital from July 1 to December 31	3563
Discharged	804
Died in hospital	441
Died after being discharged	175

The principal point to be noticed with regard to the observations of M. Martinet is the fact that sulphate of quinine in ordinary doses has little or no influence over some forms of the malignant intermittent fever, while its beneficial effects are instantly perceptible if the dose be carried to ten or twelve times its ordinary quantity.

The last number (No. 26) of the *Annales d'Hygiene Publique* contains articles under the following heads:—1. On the obstacles sometimes occasioned by medical prejudices to the establishment of certain manufactories and the health of cities, &c By M. Parent-Duchatelet. 2. On the necessity of new researches into the diseases which afflict workmen; with some obervations on the diseases of printers. By M. Chevallier. 3. New details on the influence of the excessive development of manufactures on the population of England. By M. Villerme. 4. On asphyxia, and the means of preventing and combating it; with several papers on legal medicine. By MM. Marc, Devergie, Orfila, &c.

2. DISEASES OF THE WORKING CLASSES.

A great number of philanthropists and medical writers have bestowed considerable attention on the diseases by which the working classes are afflicted, but when we read the works which are specially dedicated to this branch of medicine, we cannot help being convinced that many have been written with a spirit of exaggeration which almost renders them useless, while others are founded upon facts too carelessly compiled, or not sufficiently numerous.

Thus if we consult the otherwise excellent work of Mr. Thackrah, we find the diseases to which printers are liable (p. 42) dispatched in a few words, and the term of fifty years assigned as the maximum of longevity for compositors, although it is notorious that many of them reach sixty, seventy, or even eighty years of age.

It is only by having recourse to the workmen themselves or their employers that we can expect to verify the assertions contained in authors. Such has been the

method pursued by M. Chevallier; without being discouraged by the unsuccessful efforts of those who preceded him, he at length obtained about 33 written answers to 400 letters which he addressed to the different master-printers of Paris. He also examined verbally a great number of workmen, apprentices, &c., and from these two sources drew the materials which compose the essay now before us.

If we are to believe authors, the profession of printer is unhealthy, 1st, as the workmen are subject to painter's colic and paralysis; 2ndly, as determining various other diseases. After a minute and very laborious investigation into the different assertions put forth by writers upon this subject, M. Chevallier concludes that the profession of printers is by no means so unhealthy as has generally been imagined. The eyesight of the compositors is very often injured, and many of them are compelled to wear conservers at the age of 45; but amaurosis only attacks them accidentally. As to the question whether printers are subject to attacks of colica pictonum, the answers obtained by M. Chevallier were contradictory: thus, twelve master-printers averred not having observed colic of this description; however, a still greater number attested the existence of the disease in their workshops, and the accounts given by the compositors themselves left little doubt on the subject.

The colic which attacks printers depends in all probability on the introduction of a metallic oxide into the economy; the dust of the press-rooms contains a quantity of this metallic powder, and it is a curious circumstance, confirmed by a great number of witnesses, that it is almost impossible to rear up cats in these establishments. The prevalence of painter's colic, however, is much less extensive now than formerly, from a difference in the composition of the characters, and from the greater cleanliness of the workmen. Are printers subject to diseases of the chest? This question has been examined with great care by the author, who concludes that printers are not more subject to pectoral disease than any other class of workmen: cases of paralysis are also rare, and chiefly observed in the old or intemperate workmen. In a word, if we are to take the evidence given by the masters, a working printer who is sober, and of steady habits, is not subject to any disease that can be attributed to the profession which he exercises.

Mr. Thackrah, in his work on the diseases of mechanics, &c., gives it as his opinion that scarcely a single printer can be found beyond the age of 50. This may be the case in the large towns of England, but it is not applicable to Paris. In twenty-three printing-offices the ages of the workmen were examined by M. Chevallier, in twenty the ages varied from that of the apprentices up to fifty, sixty, and seventy-five; in three only the oldest workman was not beyond 40 or 45 years of age; in one office, amongst 35 or 40 workmen, twelve were between 45 and 70 years of age; in another there were twenty from 40 to 60; and the master of a third declared he had himself known more than fifty workmen beyond the age of 60. During the year 1831, twenty-five printers died in the different hospitals &c. of Paris, whose ages varied between 55 and 78, and the author quotes the names of fourteen workmen actually employed of 70 years of age, and one of 80. The celebrated printer M. Didot had a workman who reached the age of 86, and M. Firmin Didot another who worked to the age of 84.

The above is an analysis of the French paper. We shall have some remarks of our own to make on the same subject on another occasion.

Memoirs of the Royal Academy of Medicine. Third Fasciculus, 1835. (Published May 15th.)

The present number does not contain more than one paper of high interest. We find in it, 1st. Some Remarks on Lithotrity. By M. Civiale. 2nd. Some Experiments instituted to prove the Efficacy of the Hydrate of the Peroxide of Iron as an Antidote to Arsenic. By M. Boullay. This paper we have already analysed. 3rd. A Memoir on Tubercles. By M. Ravin, a long academic history which contains more learning than practical matter. The only paper, therefore, which we shall analyse, is the first.

LITHOTRITY AND LITHOTOMY.

A severe controversy has been carried on in France on the subject of lithotrity, and on the results of the operations performed at the *Hopital Necker*, between MM. Civiale and Larrey. The question of the cure of stone has again lately occupied the attention of the French Academy, and given rise to some warm debates between the respective supporters of lithotomy and lithotrity. On these occasions M. Velpeau, the reporter on a mem^oir by

M. Leroy-d'Etoilles, showed himself a firm advocate of the bistoury, and debated the statistical question with his usual learning. According to M. Velpeau, between the years 1719 and 1728, 1200 calculous patients were cut for the stone at the *Hospital of La Charité*. Of these 255 died, and 945 were cured. At Luneville, Saucerotte cured 1482 out of 1629 patients. Dupuytren lost 61 in 356 cases. In England Mr. Crosse has published an exact table of 704 operations, amongst which 93 were fatal. Cheselden lost 24 cases out of 213, and Frere Come 19 in 100 cases. M. Souberbielle, who operates almost exclusively above the pubes, lost 17 in 133 cases; and M. Dupuytren in 70 patients, upon whom he operated by the bilateral method, lost only 4. M. Renzi has lately published an account of the operations for the stone performed at the great hospital at Naples for a series of years. In 389 cases there were only 60 deaths. Pajola lost 5 patients in 50; Panza 5 in 70; Ouvrard 3 in 60; M. Virice 3 in 83. Perhaps the most successful of all operators in Europe was, Mr. Martineau of Norwich, who lost 2 in 84; while Mr. Dudley, in America, lost only 1 in 72 patients on whom he operated. The result of this statistical table is very favourable to lithotomy; but we cannot help observing with M. Roux, that very few surgeons, except under particular circumstances, have kept an exact register of the operations they have performed, and of the results obtained. Thus M. Roux, who has already performed between 700 and 800 operations of lithotomy, cannot say positively what is the amount of mortality in his practice; he estimates it at 1 to 5 or 6 for the adults, and as 1 to 20 for children, but merely proximitively. We believe that the same remark would apply to most surgeons who have operated extensively for the stone. At Norwich, we know an exact register is kept of all the calculous patients, &c.; and where a surgeon has lost only one or two patients in his practice, he can easily remember the amount of deaths, though he may be tempted to exaggerate the number of cases; but in many instances the results are merely approximative, and by no means so exact as those furnished by the lithotritists.

However, to return to M. Civiale's memoir, of which we shall notice only those points which have not been so fully touched on in books. M. Civiale considers the lithotritic instruments which are generally sold, as defective. They are commonly too large; the branches of the litholabe are too feeble, and its hooks are too short. On the contrary, the stem of the perforator is too large and too straight, and its lateral teeth are not sufficiently long. Besides, most of the instruments are furnished with a vertical opening and a longitudinal canal, which is destined to permit the introduction of fluid into the bladder without removing the instrument; but these additions are useless, and only serve to weaken it.

One of the principal objections made to M. Civiale's method of operation, by perforating the calculus, is the necessity of seizing the stone by its different phases, of perforating it in various directions, and thus rendering the operation long and complicated; but when the calculi are small, or even of a middle magnitude, from twelve to fourteen lines in diameter, they are either easily crushed without perforation, or require only one or two perforations to reduce them. The successive perforations are only necessary when the stone is hard and very large. The number of sittings must of course be proportioned to the number, volume, and size of the calculi, and to the state of the urinary organs. These have been much exaggerated in France by the opponents of lithotrity: thus up to the month of July last, M. Civiale had operated upon 244 patients, and the average of sittings was four and a fraction for each patient.

After having pointed out several of the disadvantages attending the use of instruments which are designed to operate by simple percussion or pressure, such as the difficulty of seizing the stone with a two-branched instrument, the pain occasioned by manœuvring it, the difficulty often experienced of closing the instrument, so as to withdraw it from the bladder, &c., M. Civiale passes to the most interesting part of his memoir, viz., a statistical account of the operations performed at the *Hopital Necker*, with their results.

Two reports were made in 1831 and 1833 on this subject by MM. Double and Larrey. According to these, M. Civiale had operated upon 61 cases, of which he lost no less than fifteen, giving a proportion of one to nearly four. Let us see how M. Civiale explains this in his memoir presented to the Academy. The first *compte-rendu* for the year 1831 of the *Hopital Necker*, comprised a series of sixteen calculous patients. Of these, five presented such unfavourable conditions, that any operation was impossible. Of the remaining eleven, four were cut and seven were operated on by lithotrity. The latter all recovered; three out of the four patients cut, died. M. Civiale also acknowledges having tried the new method upon two of the subjects not operated on, but he does not state in what these trials consisted.

In the report of M. Larrey upon this *compte-rendu*, the facts were represented in a very different light. The number of calculous patients was estimated at 26 instead of 16; the number of deaths at 11 instead of 3. It seems difficult to explain this strange difference of statements; but M. Civiale points out the sources of error into which the reporter fell:—1st. He included sixteen months in his report instead of twelve; 2nd. He considered all the patients received as calculous; 3rd. He supposed that all those who were affected with calculi had been operated on.

The second *compte-rendu* embraces a period of twenty months, and includes thirty-five cases of stone; twenty patients were operated on by lithotrity, and four by lithotomy; eleven were not operated on; the twenty patients operated on by lithotrity were all cured. Of the four patients who were cut for the stone, two died; five of the patients who were not operated on left the hospital, and the six remaining died in consequence of the disease. Amongst these latter the death of two patients was considerably hastened by the explorative methods employed. Finally, from the year 1824 to the year 1833, M. Civiale performed 244 operations of lithotrity, which have furnished 5 deaths, 236 cures, and 3 incomplete cures. He proposes to detail in full the facts of each operation, and thus place its authenticity beyond doubt. The following table will give a concise view of the state of the question between M. Civiale and his adversaries:

Hopital Necker, 1830-31-32.

Patients with stone (according to the reporters 53)	51	Operated on by lithotrity 27	cures ..	27
		By lithotomy 8	cured ..	3
			died ...	5
		Patients not operated on 16	left hosp.	6
			died there	10
Patients who had no stone (according to reporters 40)	42			
Patients received	93 exact			

The above table is drawn from M. Civiale's statement. According to MM. Double and Larrey the numbers will run thus:—

Patients	93	Exact.
Patients affected with calculi	53	There were 51.
Patients not calculous	40	There were 42.
Cured by lithotrity	27	Exact.
Calculous patients not cured by it	26	There were only 24.
Calculous patients lithotrized and who were not relieved from the stone	6	These were never operated on.
Died after the operation	10	Not operated on.

It will be seen that the proportion of mortality is chiefly augmented by the reporters' having taken into account 16 cases which were not operated upon. It seems strange that so considerable a number of the latter should have died, but a great many were in a desperate state when they presented themselves at the hospital. In one case the patient was brought in dying, and the catheter was never introduced into

his bladder. In eight other cases the stone was so large, and the organic derangements were so far advanced, that simple sounding showed the inutility of any operation. In the seven remaining cases the patients had been repeatedly explored with the litholabe, and in two instances an aggravation of the symptoms was brought on, but these preliminary examinations by no means merited the name of operations. Whatever doubt still hangs over the question in France, this one thing is certain, that M. Larrey has fallen into several errors, and that the document which he consulted did not in any way justify the conclusions he has drawn to the prejudice of lithotrity.

THE LANCET.

London, Saturday, May 23, 1835.

On Wednesday next (the 27th inst.) at one o'clock, the Fellows of the *Zoological Society of London* will be called upon to determine by ballot who are those persons who shall constitute the Council of the Society for the ensuing year, and a certain *clique* consisting of individuals who are notorious as well for their ignorance of the principles and true objects of science as for their jobbing propensities, have had the impertinence, the brazen audacity, to propose, on that occasion, that Professor Grant and Mr. Gordon shall be two of the five gentlemen who, according to the conditions of the charter, are to be balloted out of the Council, in conformity with the system of rotation which is acted upon annually.

This transaction we cannot find terms to characterize as it deserves. Indeed so scandalous is it, so thoroughly contemptible is it, so characteristic is it of besotted and grovelling stupidity on the part of its authors, that we could almost imagine that the ghosts of the Birmingham mob who beset and threatened the life of the philosopher Priestley, had infused a portion of their satanic spirit into the minds of the Fellows of the *Zoological Society*. What are the words of the Charter?

"Whereas several of our loving subjects are desirous of forming a Society for the advancement of zoology and animal physiology, and the introduction of new and curious subjects of the animal kingdom."

Aye, the King, under the advice of the Privy Council, incorporated the Society for the purpose of advancing a knowledge of zoology and animal physiology, and *now*, in the sixth year of the Society's existence, it is proposed by a knot of jobbers that the only man amongst them who has a profound knowledge of the subject of zoology and animal physiology, should be excluded from the Council,—a proposition the barefaced insolence of which is only equalled by its black and daring iniquity, directed as it is against a man of spotless honour, who occupies a station in the field of comparative anatomy which no fellow-labourer in this country approaches, and whose reputation as a cultivator of science has extended over the continent of Europe, throwing lustre in every quarter where his labours are known, on the scientific character of this country.

Who, we would ask, suggested the practice of voting *by proxy* in this Society? It must have been the device of some wily intriguer, who, by experience, had become fully conscious of the enormities which can be perpetrated under a plan that is so well adapted to permit a wide departure from every rule of just policy in government. *Ladies*, too, converted into *Fellows!* Thus not only is there proxy voting, but the power of ruling the Society is thrown into the hands of parties who, from the absence of a scientific education among them, and their lack of acquaintance with the world, are utterly incompetent to form a correct opinion of the qualifications of those persons to whom the government of the Society should be entrusted. But Lady-voters are excellent materials

for the jobbers. Voting by proxy, however, *is not sanctioned by the ballot*, and quite certain are we that, according to the strict letter of the law, *ladies cannot legally become Fellows of the Society*. Several of the by-laws, therefore, on which the practices of the Council and Fellows are founded, could not, if they were firmly resisted, be enforced, because they have been constructed on a principle which is entirely at variance with the spirit and letter of the charter.

In furtherance, therefore, of the great national object which it was sought to promote by establishing the *Zoological Society*, we call upon the independent fellows of the institution to awake from their senseless lethargy, to assert their authority on the day of election, and to treat with appropriate contempt and scorn the odious efforts which a paltry knot of intriguers are making for the purpose not only of offering an insult to a man of the most distinguished attainments, but of converting the Society into a mere SPECTACLE for attracting the gaze of the ignorant, and of converting the whole institution into an instrument for providing for a worthless set of servile place-hunters and dependants. Had Professor GRANT confined his invaluable labours in the Society solely to the scientific department of the institution, it is possible, just barely possible, that his presence might have been endured by the jobbers; but the honourable zeal of this really great man for the general interests of the Fellows, having led him, with other conscientious gentlemen, to take a part in the pecuniary management of the establishment, he has brought down upon himself the hatred and malignity of the entire band of mercenary speculators in the funds of the Society.

What, then, should be the conduct of the Fellows? Why, really, if they be desirous of promoting the welfare of the institution, they will, one and all, combine to eject the enemies of Dr. GRANT; because, in being the enemies of Dr. GRANT they furnish the best possible evidence of their hostility to all the best interests of the Society. There must be no dallying with the intriguers. No delicacy of feeling must be displayed towards them. Having abused a most important trust, measures should immediately be taken for disburdening the government of the Society of their noxious presence. For the purpose of effecting this object, reference should be made immediately to the charter of the Society, and a revision of the by-laws, which shall render them consonant with the objects which the charter was granted to accomplish, ought to be carried into execution at the earliest moment that is practicable. When the Society is ridded of the female Fellows, and the system of voting by proxy is abolished, not one jobber will be found in the Council,—whatever may be his pride, however great may be his avarice, whatever may be the extent of his envy,—to propose that such a man as Professor GRANT should no longer continue to be a member of the Council.

WE are told—but can scarcely credit the statement—that a committee of medical officers who hold their sittings at *St. George's Hospital*, have actually concocted a plan, and fully expect to effect its consummation, by means of which any governor of the Hospital may be ejected from his position in the institution, on a CHARGE OF "MISCONDUCT," at the will of the managing junto which calls itself the "Weekly Board!" Let the independent governors of the institution make a point of inquiring into the truth of this allegation, at the Special Court which is to be held at the Hospital on the 29th inst. The concocters of the plan, if such there exist, are Mr. FULLER, Mr. POWELL, RODERICK MACLEOD, Mr. BABINGTON, and Mr. BAGSHAW. These persons, with the Chaplain, were appointed some time ago

to revise the laws of the institution, and on the 29th the result of their plotting is to be submitted to the notice of the governors for consideration and confirmation; when, amongst the clauses in the document we are assured will be found a proposal for a law to the effect above stated. We should add that the "Weekly Board," or "Board of Managers," is almost invariably (though professing to be open to every governor) composed of the medical officers of the Hospital, and the dependants and expectants attached to Sir BENJAMIN BRODIE, who are all rigidly punctual in their attendance to vote as Sir BENJAMIN may wish, on every board-day in the year.

Formerly any governor who evinced a disposition to inquire into the proceedings of the medical officers, was driven from the Board by open clamour and direct insult; but insolence and bullying have latterly failed, and another plan had to be devised by the medical committee to effect the same object. Let the governors then, we repeat, at the special court to be held on the 29th, ascertain what kind of written law has been contrived in place of the "lex *non scripta*," though we can hardly believe that the impudence of Messrs. FULLER and Co. has gone to the extent of proposing a law which will as completely make over the hospital, its appointments, funds, and appurtenances, to the use and abuse of the weekly clique, as though the whole were included in a regular legal conveyance drawn up by Mr. BAGSHAW the lawyer.

A NICE instance of the equilibrium which exists between the merits of what are in the medical circles of Dublin severally called, a "College" man, and a "Park-street" man, was furnished in the late election to fill the vacant chair of midwifery in the corporate school of that city. The scales were occupied by Dr. BEATTY and Dr. MAUNSELL, each exactly poising the other, the balance being held by judges who were especially sworn to do "the thing that was right." We have before alluded to the convenient vacation of the chair of midwifery in the Dublin school, in the middle of the last session, when several persons immediately sought the profitable honour of its occupation. Amongst the candidates was Dr. COLLINS, an accoucheur of superior qualifications and very extensive experience, having already filled the offices of assistant and master at the Lying-in Hospital of Dublin, where the superintendence of about forty thousand cases had fallen officially under his care. There were also, Dr. Murphy, who has nearly concluded the term of his assistantship in the same institution; Dr. BEATTY, who gives what he calls "Lectures on Medical Jurisprudence" in the College school; and Dr. MAUNSELL, who *served his time to the late professor*, and who some time since was promoted from a dispensary in the north to the lectureship of Mr. CUSACK'S apprentices, in Cork-street, Dublin. The Court of Censors of the College were in due time summoned to determine the relative merits of these candidates. The question regarding two of them was easily disposed of; the decision between Drs. BEATTY and MAUNSELL was the bridge of difficulty. "What a virtue, brothers," said Dr. JACOB, "is impartiality! How "can it be exercised on an occasion so "delicate? Let us *swear* to be impartial; "the register of an oath will strengthen "our steps." And so, in fact, they literally *did* swear a *special oath*; and having retired again to reflect, came forward, after a brief pause, and pronounced that three of them regarded Dr. BEATTY as the fittest man, and three of them Dr. MAUNSELL. Had the "special" oath (which was a superaddition to a *general* oath) not been taken, the President might have been spared the painful duty of a casting vote. Dr. BEATTY might have weighed two more than Dr. MAUNSELL, or Dr. MAUNSELL two more than Dr. BEATTY. But the President had now no remedy, and after delivering a very solemn and impressive harangue, he turned the weight of his breath into the scale where sat Dr. MAUNSELL, and carried Dr. BEATTY and his pretensions into the air. We have heard that the youth was subsequently chaired.

How admirably does the system work

in our medical elections, and in how interesting a position does it place a delicate point of human nature, when, not able to subdue its disposition to do wrong by the obligation of one oath, it entreats to be sworn *specially* also! How noble the feelings of the liberal Court which acceded to the affecting request! Who, after this ensample, can again contend in favour of that absurd paradox, the fallen nature of man? The vote, too, so impartially inconsistent with their private tenets. The Censors, one and all, belong to the empiric or dogmatic school, and yet unanimously reject a man of vast experience! However, were the case valuable for no other illustration, it would be worth much for this, that it furnishes a fresh instance of that remarkable "coincidence" which was first brought under public notice by Professor HART,—the promotion of the Park-street professors to the vacant chairs in the College.

A CORRESPONDENT wishes us to call the attention of the proper authorities of the University of Glasgow to the following circumstances, which he says he has no doubt have escaped their observation. We give the statement in his own words:—

"There is strong reason to believe that individuals not unfrequently enter their names for attendance on 'classes' in the University, and then return home, and there remain until the period arrives when they can apply for certificates of attendance on the lectures, not one of which they have ever heard, subsequently presenting those 'certificates as evidence of their knowledge on presenting themselves for examination.'

The Board in Examiners in the university are also represented as

"Bearing very light indeed in examination upon those who have been practising as apothecaries, or who have become licentiates of the College of Surgeons, although their previous education has been defective in the theory and practice of medicine, and who seek the honour of the degree of M.D. merely for the purposes of trade."

We present these complaints to public notice with great willingness,—not, however, from the novelty of the charge, for it is about the thousandth time that the evils of the "certificate system" have in one shape or other received exposure in our columns. Indeed, we are rather surprised that our correspondent has thought it worth while to call the attention of any of our corporate authorities to the mischievous effects of the system by means of which alone they "live and move and have their being." The abuse cannot be separated from the use of "certificates." The system cannot be corrected. The remedy for its abuse is the abolition of the system. As for its laxity of the examinations, why the trade in certificates would be checked were the laxity exchanged for severity. The certificate system is the life and soul of a medical corporation, and we wonder no more at the ease of admission to the degree than at the permission to be absent from the lectures. Do shopkeepers grumble when customers leave behind them articles which they have just purchased?

The last number of the *Gaz. Medicale* of Paris contains a list of 107 medical men and sage-femmes, who have received from the Royal Academy rewards of gold and silver medals, or recompense in money, for their zeal in propagating vaccination.

PREVENTION OF HYDROPHOBIA.—Dr. DAVID BURNES has called our attention in an earnest address to the importance of propagating correct opinions on this subject on the approach of the season which is especially fraught with danger from the most horrible of diseases. He particularly dwells on the fact that no cure has yet been discovered for hydrophobia when once the attack is manifested, and he would therefore urge on all persons who may unhappily chance to be bitten by any of the lesser quadrupeds, instantly to adopt measures for arresting the absorption of the maddening virus, particularly recommends the following precaution, which is always within reach for *instantaneous* application,—the means of excision, ablution, and the cupping-glass, being rarely close enough at hand for *immediate* use. Let the mouth of the bitten person be *applied directly* to the wound, and suction performed with force and determination. Then, as speedily as possible afterwards, let water (warm if possible, for ourselves we should say *cold*, as being less likely to excite absorption) be

directed in a stream, a foot or more in height, upon the part, thoroughly washing and again sucking the injured part, and washing the mouth immediately after each suction. This course should be pursued by alternations for a quarter or even half an hour. If the wound bleed, so much the better. Danger of absorption by the mouth can only occur where there is excoriation or other breach of surface in that cavity, not a common occurrence, and most likely to be prevented by ablution. However, under any circumstances the bitten person on applying his own mouth risks no attack to which he has not already been rendered a hundred-fold more liable. The knife or caustic may subsequently be used, when practicable, with the hope of increasing the security.

SURGERY IN THE NORTH.

On Monday, the 11th instant, a patient in the *Edinburgh Infirmary* underwent an operation for the radical cure of hydrocele, performed in the following manner, and affording the recently-elected surgeon the first opportunity which he had yet possessed of exhibiting his manual skill in the hospital.

The patient being seated, the operator introduced the trocar and canula, and drew off about sixteen ounces of fluid. He then injected six or eight ounces of port wine. The usual time having elapsed after throwing in the wine, the stop-cock was removed, but to the seeming astonishment of the operator, nothing flowed out. A silver probe was then introduced through the canula, when a few drops, either of blood or of wine, dribbled from its end. The surgeon then, seeming to be ignorant that he had injected the superficial fascia of the scrotum, removed the canula from the first place of puncture, and placing it on the trocar, introduced it a little below, but on withdrawing the trocar this also proved to be a *dry* tap. He repeated the operation, and made his way through the septum scroti into a small hydrocele of the opposite side, whence he drew off about an ounce and a half of fluid, but not a drop of wine. Here the operator expressed great surprise at these phenomena, declaring the case to be "complicated." Apparently despairing of withdrawing the wine, the surgeon now dismissed his patient from the theatre, and addressed the spectators to the following effect:—"Gentlemen! You saw that I drew off nearly one pound of fluid in the first instance, which was of a paler colour than the last, showing evidently that it did not come from the same sac. It is my opinion that there was no wine in the injecting bag, owing to some mismanagement." The operator then appealed to one of the consulting surgeons for his opinion, but the latter gentleman, apparently much chagrined, returned no answer to the application. On the following day, most extensive inflammation had supervened, and the patient was in great agony. The scientific surgeon made an incision into the scrotum to evacuate the wine, and cold evaporating lotions were applied to subdue the inflammation. The following is an account of the progress of the case:—

13. Inflammatory symptoms a little abated. Cold continued.

14. Inflammatory symptoms much the same as yesterday. Cold applications changed for warm cataplasms.

15. Inflammatory symptoms increased, and from the tension over the inferior part of the scrotum it was thought proper to make another incision since yesterday's visit.

16. Inflammatory symptoms abated, and there remains no doubt the patient's scrotum will be saved; the scrotum being saved from sloughing by the resort to early incision.

The subject of the surgeon's appointment as the successor of Mr. Liston, is beginning to be discussed amongst those who frequent the Edinburgh Infirmary, with some seriousness.

ANATOMICAL DEMONSTRATION ON THE LIVING SUBJECT.

A patient was taken into the operating theatre of an hospital in a metropolitan city on the 13th, to have a tumour removed, the external appearance of which was, in size, that of a walnut. After fifteen minutes' dissection, conducted in the style of a demonstrator when dissecting the formation of a plexus of nerves, the poor sufferer was dismissed with *the tumour unremoved.*

INTERCEPTED LETTER.

[THE PRESIDENT'S NOMINATION.]

"My dear Sir,—I address you in strict confidence as regards my personal identity, and beg it as a favour that you will not mention to any one who it is that has offered the following suggestions to your attention, in case you think them worthy of also being offered to the attention of any other brother licentiates amongst

whom you may make, in your intercourse with them, observations on the subject to which they relate.

"I was quite *astonished* to observe, by a letter in THE LANCET of last week, addressed by a Fellow of the College of Physicians to the President, that the latter intended to propose Dr. Gordon, of Finsbury-square, for elevation to the Fellowship! I have not the by-laws of the College to refer to, so that I write entirely from memory: but as in the letter it is stated merely that the intention is much rumoured abroad, and that some of the Fellows had heard of the intention, if my recollection of the by-laws be correct, the President must have nominated his man at the *Comitia Majora* in March last, for the Fellows to consider whether they shall be pleased to ballot for the admission of the nominee at the next meeting of the *Comitia Majora* on the 25th of June. It does not follow, however, that, although Sir Henry has nominated a Licentiate for elevation to the Fellowship, the said Licentiate is to be honoured therewith, because the Fellows, according to the impression on my mind, have it in their power to reject him, if they please, by the ballot. I know not whether a bare majority is sufficient to admit on this occasion, or whether a large majority, such as three-fourths, is required; but you can easily obtain information on this and other points by referring to the by-laws of the College. When we find among the resident Licentiates so many distinguished names, I must say that it would be truly a scandal, a sin, and a shame, to confer, at the present time, the Fellowship on *this* Licentiate, Dr. Gordon. If, therefore, the Fellows in general should be of the same opinion, they have it in their power to keep out the nominee by their ballot; and I sincerely trust and hope that they will not shrink from their duty, but be at their post on the occasion, and perform it manfully. If I remember distinctly, it appeared from the documents which the College were required to produce lately before the Parliamentary Committee, that there had been several instances in which Licentiates, who were nominated by the Presidents, had been rejected by the ballot-votes of the Fellows. *Entre nous*, I saw Dr. Gordon upwards of fifteen years ago, and from my recollection of his age then, he must now be *no chicken*. I dare say he numbers above forty years. He seemed to have much of the suppleness of Sir Henry in his back-bone, but am told that he is now a haughty, overbearing, insolent-mannered fellow when occasions occur in which he can display his vulgar pride. If he have looked to the Baronet as his fugleman throughout life, and regulated his evolutions accordingly, no wonder that Sir Henry desires to reward his conduct; for no flattery is so delicious to some individuals as that of servile imitation. I saw in the Court Circular, a few days since, the following announcement amongst the presentations: — 'Dr. Gordon, by Sir Henry Halford,'—to present to his Majesty, I suppose, his *Treatise on the Art of Brewing*,—an anonymous work, I believe, which I have long had in my library, though I never before knew who was the author. Leaving these suggestions to be used by you in town, I remain, dear, Sir, yours very truly,

"N. S.

"May 20th, 1835."

(A country stamp on the envelope, but too obscurely marked to be legible.)

CHRIST'S HOSPITAL.

To the Editor.—Sir,—Things are here in *statu quo*, with the solitary exception of the resignation of the Worshipful Treasurer; but this salutary change may lead to other advantageous alterations. I have heard the names of two persons proposed as those of candidates for the vacant office, both of whom have to my knowledge expressed themselves to be inimical to the proceedings of our surgeon. The octogenarian apothecary toddles about the hall, looking at the boys' eyes at dinner, to see if their heads be in good order, instead of visiting the wards, which he chooses to regard as "quite impracticable." We have another piece of antiquity in the institution—a septuagenarian matron, whose *duty* it is to visit the wards, and see that the nurses do *their* duty; but this effort *she* also deems to be "impracticable." The consequence is, it is said, that two of these nurses have been in the habit of continually getting drunk for some months past. This evil, if truly asserted, could not have existed if the venerable lady had done her duty; and the evil would have existed much longer if our active and intelligent steward had not made the discovery. I need not point out the bad effect of drunkenness in an open ward, where fifty boys of different ages sleep. I do not wish to speak disrespectfully of old age. I venerate it. But the health, the happiness, and the moral character, of 700 boys, are not to be sacrificed at the shrine of cupidity, because two old people do not know when they are past use. I have often thought it would be desirable, that those two aged servants, the apothecary and the matron,

should make a match and retire, the institution giving them a marriage portion, if they would accept it. I am, Sir, your obedient servant,

A GOVERNOR.

May 12, 1835.

TREASURERSHIP OF CHRIST'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—The new Treasurer, whoever he may be, may render himself an important instrument in the promotion of new and useful measures in the management of the institution, especially in its medical department. The late Treasurer clung to error and the school of St. Bartholomew's Hospital with remarkable pertinacity. To every offer of further assistance his answer was, "We have confidence in our medical adviser" (Mr. Lloyd); and although the committee, appointed more than a year since, called before them Mr. Hawkins, who had eradicated the ringworm from the London Orphan Asylum (where one fourth of the inmates were afflicted); Mr. Manico, of the Royal Naval School (who had eradicated the same disease from his establishment), in which a third of the residents presented it; Mr. Plumbe, of Southampton-street (the most eminent practitioner in the treatment of cutaneous diseases in London); still neither of these gentlemen has been called upon, or consulted by the managers of Christ's Hospital. The chairman of the committee, with a zeal which was not to be abated by any slights or insults received from the leading members of the committee of *managers*, has persisted in calling their attention to the melancholy state of the school at Hertford, and in November last submitted to notice letters from three of the chief members of the medical press (THE LANCET not included) confirming his opinion of Mr. Plumbe. Yet, after writing to the Treasurer (understanding that some fresh advice had been called in) requesting to know if either of the last-mentioned gentlemen had been consulted by the medical committee, he received this pithy answer—"Mr. Poynder begs to acquaint Mr. —— that he has not consulted either Messrs. Hawkins, Manico, or Plumbe," acting on the principle expressed by one of the managers—"I never did agree with the above chairman, I never will agree with him."

It is said that William the Fourth, on ascending the throne, delighted in undoing every thing George the Fourth had done. I fear the late Treasurer's advice to his successor would be that of the late Emperor of Austria to his successor, "Reign, but alter nothing."

I am, Sir, your obedient servant,

ONE OF THE GOVERNORS.

May 16, 1835.

F. H. RAMADGE.

To the Editor of THE LANCET.

SIR,—As you have inserted the attack of W. Hughes Surgeon on me. I have no doubt, sir, of your doing me the justice to publish my reply. To which I shall feel obliged by your appending the enclosed letter from the gentleman, whose servant's money seems so much coveted by W. Hughes.—I am sir, your obedient servant,

F. H. RAMADGE, M.D.

Ely Place, 20th May, 1835.

By a letter published in your LANCET of the 9th instant, I find that an individual, who signs himself W. Hughes Surgeon, feels aggrieved at my not sending a prescription to him. He also complains of uncourteous conduct on my part, in replying verbally to a letter of his. Both accusations may be met by the same answer—I have known him to be guilty of conduct unbecoming a gentleman, and so much so with respect to me, that he deserves no point of civility at my hands. It may be in the memory of your medical readers that in the attempted vindication, put forth by Dr. Ryan, of his libel against me, he stated that the truth of the slander therein contained had been confirmed to him by this very W. Hughes. The latter did not contradict the statement, and consequently I suppose myself justified in regarding him in the same light as the above convicted libeller. And can a person guilty of a deliberate falsehood justly claim courtesy at my hands, or at those of any other professional gentleman? Independently of the above reason the many instances I have known of my prescriptions being misrepresented by the trade—have rendered me very scrupulous as to whom I trust them. I am sorry to say that the love of truth, which induced me to step forward in behalf of a persecuted individual—although a *quack* and of course a fair mark at which the infallible members of a liberal profession might conscientiously cast the stone—has subjected me to a series of attempts to injure which, however they have failed in their object have rendered me very cautious as to whom I confide my prescriptions. Among the many respectable and honourable men in the profession, with whom I am acquainted, I can of course be at no loss where to send, and with respect to W.

Hughes or any individual who has acted like him, I hold with Shylock, that it is unwise to let a serpent "sting you twice." The man who can prostitute his tongue to pander to the malignity of his heart, will hardly hesitate to embody his venom into act.

So much by way of reply to the *gravamen* of the charge. However I can assure W. Hughes that his till has not sustained any serious loss by the want of my prescriptions. The charge for medicine taken by the patient, whom with infinite assurance he calls his, since I have prescribed for her amounts, I am told, to one shilling and nine pence. That such economy in medicine "is a fault" in his eyes, as well as in those of his genus I am well aware.

Since this person has coupled my name with that of Mr. St. John Long, I must distinctly state that I never saw that gentleman until the day it was decided by his legal advisers that I should be summoned as a witness; and it is well known that several of the most eminent (men) in the profession entertained, and still entertain, opinions similar to my own with respect to the unmerited persecutions he underwent.* True, I was almost the only one who avowed such sentiments publickly; but as I did not then, so do I trust I never shall, shrink from giving utterance to my feelings. For the man himself I could have no regard. I was unacquainted with him. But science, and more than this a moral question of interest to our common humanity were both at stake; and I looked merely at them, uninfluenced by any envious feelings at the wealth Mr. St. John Long was said to be amassing by his practice.

I hope that W. Hughes (I cannot debase the *Mr.* by applying it to him) will understand once for all, that no prescription of mine shall ever, with my privity, be placed in his hands. A mistake I could forgive, a meanness pity; but I must remind him, that a falsehood calls up against its utterer the principle of self-defence. We may indeed both forgive and pity; but must beware.

FRANCIS H. RAMADGE, M.D.

"To Dr. Ramadge, &c. &c. &c.

"Sir,—I lament much that the case of my servant should have renewed any former unpleasantries between my medical attendant Mr. Hughes and yourself. Allow me to state that the dictum adopted by the Medical Society towards you in regard to your conduct towards the late Mr. St. John Long, never will make any impression to your disadvantage on me as to your professional skill in which opinion I am not a singular instance. I am, sir, your obt. hble. servant,

J. BRAHAM.

"31, Southampton-street, Strand,
May 6th, 1835."

* We shall be very glad if Dr. Ramadge would mention the names of these "eminent" individuals.—ED. L.

MR. H. W. DEWHURST.

To the Editor of THE LANCET.

SIR,—As the article respecting me in THE LANCET of May 9th has done me a most serious injury in the profession, I must therefore solicit you, which I do most respectfully, to cause the insertion of this letter in your next number. In the autumn of 1831, I was introduced to Dr. Brandreth by my excellent and our mutual friend Major-General Sir James Viney, G. C. B., at his residence in Piccadilly.* In January following (1832), in reply to a letter I received from him, I wrote him the one published in THE LANCET, but not with the remotest view of its being ever published. About four months ago, on seeing it published in the *Satirist* Newspaper, I wrote to Mr. Hodgkinson, the grocer in Aldersgate Street, who purchased the prescription of the pills from Dr. Brandreth on his leaving England for New York, to desire that he would desist from publishing the letter bearing my name. This, however, he continues to do, and nothing but legal proceedings (which I cannot afford to institute) will prevent him and his agent, Mr. Lucas, the druggist, in the same street.

I know nothing of his bearing the name of HOLMES, but I am aware of his brother-in-law having that name, who is a civil engineer, whom also I met at Sir James Viney's. As a proof of my upholding quackery, I refer you to my letter on medical education inserted in the *Morning Advertiser* of the 4th of May; and as a still further proof of my not being so, I will give your readers the composition of "Brandreth's Universal Pills," sent to me by a friend who assisted him in their preparation for some time, and whom I can produce if necessary. A mass is formed of powdered gum gamboge, powdered ginger, powdered aloes, oil of cassia, and oil of peppermint, divided into three-grain pills. Conceiving these to form an excellent aperient medicine, I have taken them, as well as several members of my family, when occasion has required. I remain, yours, &c. H. W. DEWHURST.

May 15, 1835.

* We should be exceedingly glad to be made acquainted with the *present* place of residence of Major-General Sir James Viney, G.C.B.—ED. L.

A CORRESPONDENT residing at Woolwich, a medical practitioner, has forwarded to us two cases for publication, in which citrine ointment and catechu were used with success for the following purposes.

CAMPHORATED CITRINE OINTMENT IN HYDROCELE.—A few weeks after a fall which occasioned an inguinal hernia, the right testicle, without any evident cause, began to swell, and became too painful to be handled. (The accident occurred to our correspondent.) This was soon followed by hydrocele, when the pain, which had by this time abated considerably, went off gradually, but the swelling seemed to be stationary. Meanwhile the hydrocele increased, and caused much suffering from tension of the scrotum. I consented to have the water drawn off, but in the interval a different mode of treatment occurred to my mind. Having frequently witnessed the beneficial effects of the citrine ointment (*Unguentum Hydrargyri Nitratis*) with camphor in cases of glandular and other indurated tumours, I thought it would also excite the torpid absorbents in those of an aqueous kind, and therefore preferred this trial to that of the knife. In applying it I grasped the left or sound side of the scrotum firmly, so as to make the tumour as tense as possible, and then rubbed a small quantity of the ointment (about 25 or 30 grains) over its surface for a due length of time. This I repeated every evening as long as it was necessary, generally before a fire. After using the ointment for a week or ten days, the tumour was evidently diminished in bulk, and, persevering with it some time longer, the tumour eventually disappeared. In the meantime there was little alteration in the swelling of the testicle, but as it gave me little or no pain, except when handled, I left it to its own vis medicatrix, and that was slow enough, as it was fully three months before it was reduced to the size of the other. The hydrocele has never returned in any way. The citrine ointment was made by adding a drachm of camphor to an ounce of the ointment.

CATECHU IN MERCURIAL PTYALISM.—Capt. B., twenty-five years of age, having had occasion to undergo a short course of mercury, whilst his regiment was encamped near Harwich, during rather a cold summer, unexpectedly experienced, about the fifth day of the course, approaching ptyalism; and when I was summoned to visit him in the evening, I found him in bed, spitting, or rather slavering, profusely, and presenting a picture of despair, from distress of mind, occasioned by his situation at a moment when he was daily expecting a visit from a party of valued friends, most of them females, to the camp. It was no easy matter to determine under these urgent circumstances what means to use. I had long ago proved the utter inefficiency of alum, opium, and other reputed antidotes against salivation, and at last I thought of catechu, of which I had made a strong decoction for some other purpose, though it was a remedy as yet untried, at least by me. To be brief, I desired my patient to take a wineglassful (about ℥ii to ℥iiss) of this decoction every two hours, or even oftener, if his stomach would bear it; and also to gargle his mouth and fauces as frequently as possible with the same. The result was, that when I visited him early on the next morning, the spitting had entirely ceased, and every other sign of the effects of mercury had wholly disappeared, debility from the ptyalism alone excepted. I think that since this case occurred I have had further proof of the efficacy of catechu in obviating the ultimate effects of mercury, and I invite your numerous readers to make trial of it in cases of mercurial ptyalism. Instead of ℥iiss of catechu to half a pint of boiling water, according to the London Pharmacopœia, I use at least ℥iij to that quantity of boiling water; for whether infusion or decoction be used, it ought to be made as strong as possible.

CHARGE OF

UNPROFESSIONAL CONDUCT.

To the Editor of THE LANCET.

SIR,—On the 13th of February last I was called at three p. m. to attend a female child fifteen months old, living in this place, who had been labouring under an attack of measles during three days. The case had been attended with the usual symptoms. The eruption was then disappearing, and the child evidently labouring under inflammation of the lungs; the bowels had been freely opened on that day. I immediately ordered a grain and a half of calomel, and two of James's powder, to be given with a tablespoonful of sudorific mixture. The powder was repeated on the following morning, and a third was given some time after. This was all the calomel the child took during my attendance. *It complained of soreness of the mouth on the night that the first powder was administered.* About the third day after, the mucous surface of the fauces became sore and inflamed, occasioning great pain to the little patient, and an aversion from taking the breast. These

circumstances alarmed the parents, to console whom I observed that the soreness might possibly be the effect of the medicine, and if so, it would be of little consequence. After this, before I left it, which was on the eighth day, the child took to the breast again, as well as to liquids. The anxiety of the parents still continuing, they called in another medical man residing in the same place, a Mr. Vicary, who pronounced the child to be "in a *complete state of salivation* from the mercury it had taken." Now, Sir, there was no enlargement of the tongue or of any of the salivary glands, no discharge of saliva, no ulceration of the gums, no looseness of the teeth, and the bowels had been relieved every day on which I attended the child. None of the above symptoms being present, I cannot imagine how a medical man could assert that "the child was in a *complete state of salivation*." Mr. Vicary continued to attend the child until it died, thirteen days from the time at which he first saw it. During this time, also, I am informed, there was a deficiency of salivary secretion, and a few days before its death the breath became highly offensive, the tongue was covered with a brown fur, there was a viscid bloody matter wiped from the child's mouth and ears; watery stools were evacuated; convulsions ensued, and petechiæ, too, appeared in various parts of the body. All these circumstances, together with the child's inheriting a scrofulous diathesis, led me to conclude that its death was occasioned by cynanche maligna, which so often occurs as the consequence of a debilitating disorder in such a habit. At all events I could not consider that the child died from *ptyalism*. What treatment Mr. Vicary adopted during the twelve or thirteen days of his attendance, I am at a loss to know, but it is very certain that the child died under *his* care, and of some disorder or other, but certainly I conceive not from any arising from the effects of the medicine given to the child by me. The opinion having been given by him, that the child's death was caused "by the *sloughing of the tonsils*," and his having pronounced the child to be in a state of salivation at the time he first saw it, it was considered and stated by many persons, that, "my treatment had killed the child!" Knowing that such a report must be injurious to my professional reputation, and having had some reason to conclude that it originated with Mr. Vicary, I immediately wrote to him, requesting him either to confirm or deny by letter the imputation thus cast upon me. This satisfaction, however, he has refused to give me, as the following correspondence will show:—

"*To Mr. Vicary.*—Sir,—I have been informed that you have ascribed the death of Mr. Curtis's child to the treatment I adopted when I was first called in. Will you oblige me by informing me if this is correct? Yours &c., JOHN HOARE.

"8th March, 1835."

He replied to me on the same evening as follows:—

"Sir,—I am astonished at the contents of your note. Did you not inform Mr. Curtis that the affection of the mouth, under which the child was labouring, proceeded from the medicine you had given? It was your own admission, and why blame others? I am &c. GEO. VICARY."

Considering this to be an evasive answer, I wrote the next morning the following note:—

"Sir,—I do not consider your note an answer to mine. I beg to know whether you ascribe the child's death to my treatment? Yours, &c.,

J. HOARE."

To this I received no written reply, but a positive refusal from Mr. V. personally, to answer my question, thus I think confirming the stigma under which I labour. In justice to myself, therefore, I feel it indispensable to give the case publicity, and to ask, in conclusion, of yourself, Mr. Editor, or of any of my professional brethren, if it is at all probable, in this case, that the soreness of the mouth, which took place in so short a time as four or five hours after so small a dose of calomel as a grain and a half, could be the effect of the mercury or not? Is it likely that the first and two subsequent doses produced that "sloughing of the tonsils" only, of which it is said the child died twenty days after? Could the child's death be ascribed to the mercury I gave it? I am sir, your obedient servant,

JOHN HOARE,
Surgeon, M.R.C.S., and
Lic. Apoth. Comp. London.

Warminster, Wilts, April 13, 1835.

CORRESPONDENTS

We cannot promise to give insertion to the "inquiry" mentioned in the note of *Mr. F. E.* (P.) without first possessing the opportunity of being satisfied that it will contain matter which is either new or very superior in arrangement to any which we could ourselves compile from public and authentic sources, if required by circumstances.

Y. Z. We never reply to such questions.

Does *Mr. Gray* really mean a *branch of a tree?* Can we see the piece?

The references contained in the letter of *Mr. Humfrey*, would not be intelligible to our readers. Besides, it seems to us that the matter should rather be made the subject of an advertisement.

On moving for the documents from Apothecaries' Hall last week, in the House of Commons, Mr. Wakley ascertained that the House had directed them to be supplied.